Code # 2016G\_NHP20

**New Course Proposal Form**

**Undergraduate Curriculum Council** - Print 1 copy for signatures and save 1 electronic copy.

**Graduate Council** - Print 1 copy for signatures and send 1 electronic copy to [pheath@astate.edu](mailto:pheath@astate.edu)

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| --- |
| **New Course or**  **Experimental Course (1-time offering) (Check one box)**  *Please complete the following and attach a copy of the bulletin page(s) showing what changes are necessary.* |

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **Department Chair:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **General Education Committee Chair (If applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8/30/2016 **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8/30/2016 **College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |

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

Susan Hanrahan, PhD, Dean

hanrahan@astate.edu

870-972-3112

2. Proposed Starting Term and Bulletin Year

Fall 2018

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

AT 6505

4. Course Title – 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).

Clinical Education in AT III

5. Brief course description (40 words or fewer) as it should appear in the bulletin.

Expands on skills previously acquired and introduces new skills related to current coursework. Students will be assigned to a clinical education rotation under the direct supervision of a clinical preceptor. Third in the series of four clinical courses.

6. Prerequisites and major restrictions. (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? 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? Masters in Athletic Training

7. Course frequency(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

Enter text...

8. Will this course 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.

practicum

9. What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental)?

standard letter

10. Is this course dual listed (undergraduate/graduate)?

No

11. Is this course cross listed? (If it is, all course entries must be identical including course descriptions. It is important to check the course description of an existing course when adding a new cross listed course.)

No

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

Enter text...

1. Are these courses offered for equivalent credit? Choose an item.

Please explain. Enter text...

12. Is this course in support of a new program? Yes

a. If yes, what program?

Masters in Athletic Training

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? No

a. If yes, which course?

Enter text...

15. Has it been confirmed that this course number is available for use? Yes

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

16. 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...

**Course Details**

17. Outline (The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

|  |  |
| --- | --- |
| **DATE** | **TOPIC** |
| Week 1 | Course Syllabi, Introduction to Course |
| Week 2 | Emergency Management |
| Week 3 | Therapeutic Modality Review |
| Week 4 | Head/CSpine evaluation and treatment review |
| Week 5 | Medical conditions review |
| Week 6 | Manual Muscle Testing and Goniometry review |
| Week 7 | Shoulder/Shoulder girdle evaluation and treatment review |
| Week 8 | Elbow evaluation and treatment review |
| Week 9 | Wrist and Hand evaluation and treatment Review |
| Week 10 | Lumbar spine, hip/pelvis evaluation and treatment review |
| Week 11 | Knee, foot and ankle evaluation and treatment review |
| Week 12 | Integrated scenarios-Putting it all together |
| Week 13 | Integrated scenarios- Putting it all together |
| Week 14 | Integrated scenarios- Putting it all together |
| Week 15 | Final Exam to Be Scheduled |

Enter text...

18. Special features (e.g. labs, exhibits, site visitations, etc.)

Week 1-9 are delivered on line and Week s10-15 are delivered face to face- this allows for immersion into the clinical rotations while the student completes review modules in an online environment; for the online review modules, students are asked to complete clinical skills with their assigned preceptor and will attain a signature from the preceptor verifying completion

19. Department staffing and classroom/lab resources

See new program proposal.

1. Will this require additional faculty, supplies, etc.?

Enter text...

20. 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.*

**Course Justification**

21. Justification for course being included in program. Must include:

a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

Athletic Training Students will review content and skills learned in first year of the program prior to this course to facilitate learning over time. A large portion of this course will be spent in clinical rotations whereby students are required to work with clinical preceptors in the community to gain hands on experience working with a patient population.

b. How does the course fit with the mission established by the department for the curriculum? If course is mandated by an accrediting or certifying agency, include the directive.

The course contains educational competencies that are required to be met by the Commission on Accreditation of Athletic Training Education. The course also helps the AT program meet the following accreditation standards: 42. The content of the curriculum must include formal instruction in the current version of the athletic training knowledge, skills, and abilities. 43. Formal instruction must involve teaching of required subject matter in structured classroom, clinical, or laboratory environments. 44. Students must interact with other medical and health care personnel (see glossary). 46. Clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making. 47. Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.

c. Student population served.

Graduate students admitted to the Masters in Athletic Training program

d. Rationale for the level of the course (lower, upper, or graduate).

Graduate- The proposed athletic training program is a Masters in Athletic Training.

**Assessment**

**University Outcomes**

22. 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**

23. 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?

**Masters in Athletic Training Program Outcomes**

Students will be able to:

1. Demonstrate evidence based clinical practice and decision‐making in providing athletic training services

2. Demonstrate the importance of ethical decision-making in patient care decisions.

3. Effectively communicate with patients, parents, supervisors, physicians, coaches, and peers.

4. Recognize the role of athletic trainers as a healthcare provider as part of a multi-disciplinary team within the healthcare system.

24. 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)** | 1. Demonstrate evidence based clinical practice and decision‐making in providing athletic training services |
| Assessment Measure | Class assignments; reflective journal, preceptor evaluation |
| Assessment Timetable | Fall- weekly |
| Who is responsible for assessing and reporting on the results? | Clinical Director |
| **Program-Level Outcome 2 (from question #23)** | 2. Demonstrate the importance of ethical decision-making in patient care decisions |
| Assessment Measure | Class assignments; reflective journal, preceptor evaluation |
| Assessment Timetable | Fall- weekly |
| Who is responsible for assessing and reporting on the results? | Clinical Director |
| **Program-Level Outcome 3 (from question #23)** | 1. Effectively communicate with patients, parents, supervisors, physicians, coaches, and peers. |
| Assessment Measure | Reflective journals, final practical exam, preceptor evaluations |
| Assessment Timetable | Fall- Bi-Monthly |
| Who is responsible for assessing and reporting on the results? | Clinical Director |
| **Program-Level Outcome 4 (from question #23)** | 1. Recognize the role of athletic trainers as a healthcare provider as part of a multi-disciplinary team within the healthcare system |
| Assessment Measure | Reflective journals, final practical exam, preceptor evaluations |
| Assessment Timetable | Fall Bi-Monthly |
| Who is responsible for assessing and reporting on the results? | Clinical Director |

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

25. What are the course-level outcomes for students enrolled in this course and the assessment measures and benchmarks for student-learning success?

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| **Outcome 1** | Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan. |
| Which learning activities are responsible for this outcome? | Scenarios, skill practice in class, clinical experience, case report, practical exam |
| Assessment Measure and Benchmark | Preceptor evaluations, grading rubric for case report, completion and participation in skill review and scenarios; the final practical exam must be met with an 80% or better |
| **Outcome 2** | Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol. |
| Which learning activities are responsible for this outcome? | Scenarios, skill practice in class, clinical experience, case report, practical exam |
| Assessment Measure and Benchmark | Preceptor evaluations, grading rubric for case report, completion and participation in skill review and scenarios; the final practical exam must be met with an 80% or better |

*Repeat if needed for additional outcomes)*

**Bulletin Changes**

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| **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.* |

Paste bulletin pages here...