| For Academic Affairs and | | |
|--------------------------|--|--|
| Research Use Only | | |
| Proposal Number | | |
| CIP Code: | | |
| Degree Code: | | |

NEW OR MODIFIED COURSE PROPOSAL FORM

| X] Graduate Curriculum Council | | |
|---|------------------------------------|----------------------|
| [X] New Course, [] Experimental Course (1-time off | fering), or []Modified Course | (Check one box) |
| igned paper copies of proposals submitted for consame and enter date of approval. | sideration are no longer required. | Please type approver |
| and enter date of approval. | | |
| | | |
| ENTER DATE | | ENTER DATE |
| Department Curriculum Committee Chair | COPE Chair (if applicable) | |
| Enter date | Jennifer Bouldin 3/3/2023 | |
| Department Chair | Head of Unit (if applicable) | |
| | | |
| Enter date | | Enter date |
| College Curriculum Committee Chair | Undergraduate Curriculum Co | ouncil Chair |
| Mary Elizabeth Spence 3/3/2023 | | |
| Office of Accreditation and Assessment (new courses only) | | ENTER DATE |
| new courses only) | Graduate Curriculum Commit | tee Chair |
| Mickey Latour 3/3/2023 | Len Frey | 4/5/23 |
| College Dean | Vice Chancellor for Academic | Affairs |
| | | |
| General Education Committee Chair (if applicable) | | |
| (upp) | | |

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

Jennifer Bouldin jbouldin@astate.edu 870-972-3079

2. Proposed starting term and Bulletin year for new course or modification to take effect \mathbb{F}_{all} 2025

Instructions:

<u>Please complete all sections unless otherwise noted. For course modifications, sections with a "Modification requested?" prompt need not be completed if the answer is "No."</u>

3.

| | Current (Course Modifications Only) | Proposed (New or Modified) (Indicate "N/A" if no modification) |
|---|-------------------------------------|---|
| Prefix | | DRVM |
| Number* | | 7324 |
| Title (include a short title that's 30 characters or fewer) | | Small Animal Medicine II |
| Description** | | This course will provide students with a broad and comprehensive knowledge of common canine and feline medical diseases and disorders, preferred treatments and long-term care. |

^{*}Confirm with the Registrar's Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*.

4. Proposed prerequisites and major restrictions [Modification requested? Yes/No]

(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).

- a. Yes Are there any prerequisites?
 - a. If yes, which ones?

Successful completion of the previous year

b. Why or why not?

Continuation of DRVM education

- b. **YES** Is this course restricted to a specific major?
 - a. If yes, which major? Doctor of Veterinary Medicine

5. Proposed course frequency [Modification requested? Yes/No]

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, "irregular.") Not applicable to Graduate courses.

Enter text...

6. Proposed course type [Modification requested? Yes/No]

^{**}Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

7. Proposed grade type [Modification requested? Yes/No]

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

- 8. No Is this course dual-listed (undergraduate/graduate)?
- 9. No Is this course cross-listed?

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

a. – If yes, please list the prefix and course number of the cross-listed course.

Enter text...

b. – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

Enter text...

- 10. Yes Is this course in support of a new program?
 - a. If yes, what program?

Doctor of Veterinary Medicine

- 11. No Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?
 - a. If yes, which course?

Enter text...

Course Details

12. Proposed outline [Modification requested? Yes/No]

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

Tentative Course Lectures and Activities

- 1. Disorders of the Oral Cavity, Pharynx, and Esophagus I
- 2. Disorders of the Oral Cavity, Pharynx, and Esophagus II
- 3. Disorders of the Stomach I
- 4. Disorders of the Stomach II
- 5. Disorders of the Intestinal Tract I
- Disorders of the Intestinal Tract II
- 7. Disorders of the Peritoneum

| . Clinical Manifestations of Hepatobiliary Disease | | | |
|--|--|--|--|
| Diagnostic Tests for the Hepatobiliary System | | | |
| 0. Hepatobiliary Diseases in the Cat I | | | |
| Hepatobiliary Diseases in the Cat II | | | |
| 2. Hepatobiliary Diseases in the Dog I | | | |
| 13. Hepatobiliary Diseases in the Dog II | | | |
| 4. Treatment of Complications of Hepatic Disease and Failure | | | |
| 15. The Exocrine Pancreas | | | |
| 16. Disorders of the Hypothalamus and Pituitary Gland | | | |
| 17. Disorders of the Adrenal Gland I | | | |
| 18. Disorders of the Adrenal Gland II | | | |
| 19. Disorders of the Thyroid Gland I | | | |
| 20. Disorders of the Thyroid Gland II | | | |
| 21. Disorders of the Parathyroid Gland | | | |
| 22. Disorders of the Endocrine Pancreas I | | | |
| 23. Disorders of the Endocrine Pancreas II | | | |
| 24. Principles of medical oncology I | | | |
| 25. Principles of medical oncology II | | | |
| 26. Principles of surgical oncology | | | |
| 27. Principles of radiation oncology | | | |
| 28. General Therapeutic Approach to the Cancer Patient | | | |
| 29. Common tumor types and breed pre-disposition | | | |
| 30. Case based oncology 1 | | | |
| 31. Case based oncology 2 | | | |

14. Proposed special features

[Modification requested? Yes/No]

(e.g. labs, exhibits, site visitations, etc.) Enter text...

15. Department staffing and classroom/lab resources

College of VM new staffing and resources

- a. Will this require additional faculty, supplies, etc.? DRVM Faculty & supplies
- 16. No Does this course require course fees?

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

Justification

Modification Justification (Course Modifications Only)

17. Justification for Modification(s)

Enter text...

New Course Justification (New Courses Only)

- 18. Justification for course. Must include:
 - a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

Students will acquire a broad and comprehensive knowledge of common canine and feline medical diseases and disorders, preferred drug treatment and long term care

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

General education for DRVM students

c. Student population served.

DRVM students

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

Graduate only to fulfill requirements of DRVM program

Assessment

Assessment Plan Modifications (Course Modifications Only)

19. **YES** Do the proposed modifications result in a change to the assessment plan?

If yes, please complete the Assessment section of the proposal

Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is "Yes")

20. 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?

AVMA Standards

- 1. Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management;
- 2. Comprehensive treatment planning including patient referral when indicated;
- 3. Anesthesia and pain management, patient welfare;
- 4. Basic surgery skills, experience, and case management;
- 5. Basic medicine skills, experience and case management;
- 6. Emergency and intensive care case management;
- 7. Health promotion, disease prevention/biosecurity, zoonosis, and food safety;
- 8. Client communications and ethical conduct; and
- 9. Critical analysis of new information and research findings relevant to veterinary medicine
- 21. Considering the indicated program-level learning outcome/s (from question #19), 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.

Comprehensively, the Doctor of Veterinary Medicine program will be assessed through successful completion of licensure/board examinations. Formatively, this program's assessment plan will be constructed by the school's Dean and faculty with the assistance of the Office of Assessment and Accreditation.

| Program-Level | Type outcome here. What do you want students to think, know, or do when they |
|------------------------|---|
| Outcome 1 (from | have completed the course? |
| question #19) | |
| Assessment Measure | Please include direct and indirect assessment measure for outcome. |
| Assessment | What semesters, and how often, is the outcome assessed? |
| Timetable | |
| Who is responsible for | Who (person, position title, or internal committee) is responsible for assessing, |
| assessing and | evaluating, and analyzing results, and developing action plans? |
| reporting on the | |
| results? | |

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

Course-Level Outcomes

- 22. What are the course-level outcomes for students enrolled in this course and the associated assessment measures? By the end of this course, you will be able to:
 - a. Recognize and describe the clinical signs corresponding to canine and feline diseases including chronic illnesses effecting canine and feline pets
 - b. Explain and understand the pathophysiology of long-term disorders.

- c. Establish a diagnosis and prognosis for maintenance of canine and feline long-term disorders.
- d. Create a treatment plan for chronic canine and feline diseases and disorders.
- e. Develop strategies for long term care of small animals with chronic illnesses

The course outcomes described above will be measured by direct means such as written exams and rubrics (assessing papers, presentations, oral exams, etc.) Final measurement instruments will be determined by course faculty.

Bulletin Changes

Instructions

Please visit 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. Please include a before (with changed areas highlighted) and after of all affected sections.

*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.

Paste bulletin pages here...