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

# **NEW OR MODIFIED COURSE PROPOSAL FORM**

[] Undergraduate Curriculum Council

## [X ] Graduate Council

[X ] New Course, [ ] Experimental Course (1-time offer	ing), or <mark>[]Modified Course</mark> (Check one box)
Signed paper copies of proposals submitted for consid name and enter date of approval.	leration are no longer required. Please type approver
ENTER DATE Department Curriculum Committee Chair	ENTER DATE COPE Chair (if applicable)
ENTER DATE Department Chair	Jennifer Bouldin 3/3/2023 Head of Unit (if applicable)
ENTER DATE College Curriculum Committee Chair	ENTER DATE Undergraduate Curriculum Council Chair
Mary Elizabeth Spence 3/3/2023 Office of Accreditation and Assessment (new courses only)	Graduate Curriculum Committee Chair
Mickey Latour 3/3/2023 College Dean	Len Frey4/5/223 Vice Chancellor for Academic Affairs
<b>General Education Committee Chair (if applicable)</b>	

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

Fall 2025

## **Instructions:**

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."

3.

	Current (Course Modifications Only)	<b>Proposed (New or Modified)</b> (Indicate "N/A" if no modification)
Prefix		DRVM
Number*		735V
<b>Title</b> (include a short title that's 30 characters or fewer)		Introduction to Clinical Year
Description**		Students will be introduced to the expectations of clinical experiences. Topics may include but not limited to small and large private practice handlings, and specialized clinics, i.e., state diagnostic laboratory.

\* 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*.

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

#### 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 previous years
  - b. Why or why not? Continuation of DRVM education
- Is this course restricted to a specific major? b. YES
  - **Doctor of Veterinary Medicine** a. If yes, which major?

#### 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]

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. Lecture

#### 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]) Pass/fail

- 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</u> <u>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.)

This course is required prior to clinical experiences. Students will be exposed to following lectures prior to clinical rotations:

- a) general management styles and expectations within a veterinary facility;
- b) differences in private vs. agency (state diagnostic) veterinary practices;
- c) general management differences between companion animal vs. food animal practices;
- d) understand how traveling veterinary practices operate;
- e) general human resource practices within veterinary clinics;
- f) general understanding of the expectations of clients.

#### **13. Proposed special features**

#### [Modification requested? Yes/No]

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

Students will provide their experiences to fellow students and faculty.

#### 14. Department staffing and classroom/lab resources

College of VM new staffing and resources

a. Will this require additional faculty, supplies, etc.? DRVM Faculty & supplies

**15.** 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)

**16.** Justification for Modification(s) Enter text...

#### New Course Justification (New Courses Only)

**17.** 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 be introduced to the expectations of clinical experiences. Topics may include but not limited to small and large private practice handlings, and specialized clinics, i.e., state diagnostic laboratory.

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)

**18. YES** Do the proposed modifications result in a change to the assessment plan? *If yes, please complete the Assessment section of the proposal* 

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

**19.** 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
- **20.** 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 Outcome 1 (from question #19)	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	What semesters, and how often, is the outcome assessed?
Timetable	what semesters, and now orten, is the outcome assessed?
	Who (norman nogition title, an internal committee) is reasonable for according
Who is responsible for assessing and	Who (person, position title, or internal committee) is responsible for assessing, 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**

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

1. Recognize and describe the principal differences between types of veterinary practices.

- 2. Recognize and describe differences in management of various veterinary practices (private, private with onsite visits, and/or state agency).
- 3. Recognize and describe the principals of human resource management of different veterinary facilities.
- 4. Recognize and describe expectations of the clinical experience at various veterinary facilities.

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 <u>http://www.astate.edu/a/registrar/students/bulletins/index.dot</u> 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...