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 offering	g), or <mark>[]Modified Course</mark> (Check one box)
Signed paper copies of proposals submitted for consider name and enter date of approval.	ation are no longer required. Please type approver
ENTER DATE	ENTER DATE
Department Curriculum Committee Chair	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)	ENTER DATE Graduate Curriculum Committee Chair
Mickey Latour 3/3/2023 College Dean	Len Frey4/5/223 Vice Chancellor for Academic Affairs
Enter date	
General Education Committee Chair (if applicable)	

1. Contact Person (Name, Email Address, Phone Number) Jennifer Bouldin jbouldin@astate.edu 870-972-3079

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2. Proposed starting term and Bulletin year for new course or modification to take effect Fall 2025

Instructions:

<u>Please complete all sections unless otherwise noted. For course modifications, sections with a</u> <u>"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*		7392
Title (include a short title that's 30 characters or fewer)		Veterinary Pharmacology II
Description**		This course covers the basic concepts of drug treatment and potential adverse effects common with small and large animals. Drug interactions will be discussed and commonly prescribed drugs for special conditions.

* 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 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]

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]) 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</u> changes. 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

ed 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.)

Date	Topic Area/Objective
Week 1	Pharmacy Kinetics/Dynamics
Week 2	Systems of Measurement
Week 3	Drugs of nervous System
Week 4	Respiratory & Urinary
Week 5	Cardio vascular
Week 6	Gastrointestinal
Week 7	GI & Review
Week 8	Hormonal – Repro
Week 9	Topicals – Eye & Skin
Week 10	Antimicrobials & Antiparasitics
Week 11	Anti-inflammatories, Fluid Therapy
Week 12	Anti-neoplastic & Vaccines
Week 13	Drug use / Pharmacy management
Week 14	Behavior Modifying drugs
Week 15	Misc. Therapies

13. Proposed special features

[Modification requested? Yes/No]

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

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)

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 learn the basic concepts of drug treatment and potential adverse effects common with small and large animals.

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 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

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

By the end of this course, students will be able to:

- 1. Identify drug types, and categorizes according to action or use.
- 2. Identify systems affected by the pharmaceutical and has to match expected outcome of drug administration.
- 3. Correlate the most appropriate pharmacologic management for a given indication and organ system.
- 4. Identify the mechanisms of drug interactions.
- 5. Be aware of online databases and information to look for drug actions and trade names of identified drugs.

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...