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

**New Course Proposal Form**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

|  |
| --- |
| **[X] New Course or [ ]Experimental Course (1-time offering) (Check one box)** |

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.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Cheryl DuBose 10/5/2018**Department Chair:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Head of Unit (If applicable)**   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
|

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |

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

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

Cheryl DuBose

cdubose@astate.edu

(870) 972-2772

2. Proposed Starting Term and Bulletin Year

Spring 2020

2019-2020 Bulletin

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*. )

RS 4844

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).

Imaging Specialist Clinical Education II

Short title: Imaging Specialist Clin Ed II

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

Supervised clinical experience in routine and trauma radiographic procedures. Prerequisite, Admission to the Radiologic Science Program. Spring.

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. NO Are there any prerequisites?
	1. If yes, which ones?

Enter text...

* 1. Why or why not?

This is part of a cohort based program

1. YES Is this course restricted to a specific major?
	1. If yes, which major? Radiologic Science Program

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

Spring

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, or other [please elaborate])

Standard Letter

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

11. No Is this course cross listed?

*(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.)*

**11.1** – If yes, please list the prefix and course number of cross listed course.

 Enter text...

**11.2** – **Yes / No** Are these courses offered for equivalent credit?

Please explain. Enter text...

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

a. If yes, what program?

 Enter text...

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

a. If yes, what course?

Enter text...

14. No Will this course be equivalent to a deleted course?

a. If yes, which course?

Enter text...

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

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

16. No Does this course affect another program?

If yes, provide confirmation of acceptance/approval of changes 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.)

Weeks 1-14

Clinical experiences tailored to the individual student needs which challenge the student’s performance and reinforce skills needed for the unique clinical experiences found in radiology environment.

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

Clinic

19. Department staffing and classroom/lab resources

No additional resources needed

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

 No

20. 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.*

**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)

 This is an upper division clinical course which will provide an opportunity for the student to perform and refine clinical skills, patient interactions and radiation protection. These activities will require application of previously learned materials, critical thinking, decision-making, and evaluation of the patient condition to succeed in this course.

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 mission of the programs in medical imaging and radiation sciences is to produce competent entry level practitioners. Part of this education should include providing students with a tailored clinical experience needed for successful clinical practice in the Imaging Specialist environment.

c. Student population served.

Radiologic sciences students specializing in Imaging Specialist

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

This is an upper level clinical course for clinical experience tailored to students who have completed the radiologic technology portion of the program and are enrolled in a specialty area of Imaging Specialist.

**Assessment**

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

22. 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?

1. Students will be clinically competent

2. Students will develop critical thinking skills

3. Students will demonstrate communication skills

4. Students will model professionalism

In addition to the department goals, the Imaging Specialist emphasis will concentrate on advanced imaging areas where students receive limited exposure during the radiography program.

1. Students will be competent in all manner of sterile technique imaging examinations to include C-arm and special procedures.

2. Students will demonstrate proper radiation safety for themselves and others in the imaging environment.

This course will be part of the newly developed Bachelor of Science in Radiologic Sciences degree with emphasis in Imaging Specialist. Assessment will be unique to this emphasis area.

23. 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)** | Students will be clinically competent |
| Assessment Measure | Clinical Competency form: patient positioning and exposure factors section, Attitude and behavior evaluation: patient care skills and application of knowledge  |
| Assessment Timetable | Fall and Spring semesters annually |
| Who is responsible for assessing and reporting on the results? | Course faculty, Clinical Coordinator, and Program Director |

|  |  |
| --- | --- |
| **Program-Level Outcome 2 (from question #23)** | Students will develop critical thinking skills |
| Assessment Measure | Attitude and behavior evaluation and Clinical Competency form: equipment manipulation  |
| Assessment Timetable | Fall and Spring semesters annually |
| Who is responsible for assessing and reporting on the results? | Course faculty and Clinical Coordinator |

|  |  |
| --- | --- |
| **Program-Level Outcome 3 (from question #23)** | Students will demonstrate communication skills |
| Assessment Measure | Poster presentation and Clinical case presentations |
| Assessment Timetable | Fall and Spring semesters annually |
| Who is responsible for assessing and reporting on the results? | Course faculty and Clinical Coordinator |
| **Program-Level Outcome 4 (from question #23)** | Students will model professionalism |
| Assessment Measure | Attitude and behavior evaluation, employer and graduate surveys |
| Assessment Timetable | Fall and Spring semesters annually |
| Who is responsible for assessing and reporting on the results? | Course faculty, Clinical Coordinator, and Program Director |

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

**Course-Level Outcomes**

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

|  |  |
| --- | --- |
| **Outcome 1** | Students will be competent in navigating the sterile field environment of the operating room or during special procedures. |
| Which learning activities are responsible for this outcome? | 1. Setting up sterile trays for procedures when required2. Assisting physicians during procedures |
| Assessment Measure  | Clinical Competency form  |
| **Outcome 2** | Students will demonstrate proper radiation protection |
| Which learning activities are responsible for this outcome? | 1. Participation in fluoroscopy examination which require lead aprons, thyroid shields, etc.2. Participation in OR procedures which involve protecting other members of the healthcare team during radiation exposure time frames.  |
| Assessment Measure  | Clinical Competency form  |

 *(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.* |

From page 544

**RS 4643. Computed Tomography Clinical Education** Guided content and clinical practice experiences designed for sequential development, application, analysis, integration, synthesis and evaluation of concepts and theories in computed tomography. Prerequisite, Admission to the Radiologic Science Program. Summer.

**RS 4822. Psychosocial Factors in Health Care Delivery** Focus on psychosocial issues which impact the delivery of healthcare in a medical imaging environment. Prerequisite, formal acceptance in to the professional program. Spring.

***RS 4844. Imaging Specialist Clinical Education II Supervised clinical experience in routine and trauma radiographic procedures. Students are evaluated with a competency based evaluation. Prerequisite, Admission to the Radiologic Science Program. Spring.***

**RS 4852. Advanced Radiologic Pathophysiology I** This course is an intensive study of the radiographic manifestations of diseases that affect the muscoloskeletal and respiratory systems, excluding neoplasms. Emphasis is on physiologic changes evident in images and differentiating which imaging modalities are most sensitive in detecting these changes. Prerequisite, formal ac­ceptance in to the professional program. Fall.