Code # NHP 17

**Course Revision Proposal Form**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

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](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

|  |  |
| --- | --- |
| Deanna Barymon 10/27/2016 **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Ray Winters 10/21/2016 **Department Chair:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **General Education Committee Chair (If applicable)** |
| Deanna Barymon 10/27/2016 **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10/27/2016 **College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |

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

Ray Winters

[rwinters@astate.edu](mailto:rwinters@astate.edu)

ext. 3329

2. Proposed Starting Term and Bulletin Year for Change to Take Effect

Spring 2017

3. Current Course Prefix and Number

RS 3152

3.1 – [No] Request for Course Prefix and Number change

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

Enter text...

3.2 – If yes, has it been confirmed that this course number is available for use? Yes / No

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

4. Current Course Title

Advance Imaging & Therapy II

4.1 – [No] Request for Course Title Change

If yes, include new Course Title Below. *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).*

Enter text...

5. – [No ] Request for Course Description Change.

If yes, please include brief course description (40 words or fewer) as it should appear in the bulletin.

Enter text...

6. – [No ] Request for prerequisites and major restrictions change.

*(If yes, 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? Yes
   1. If yes, which ones?

Acceptance into the BSRS Program

* 1. Why or why not?

Course assumes a level of knowledge specific to radiologic technologists in this degree program.

1. Is this course restricted to a specific major? yes
   1. If yes, which major? BS in Radiologic Sciences

7. – [Yes ] Request for Course Frequency Change(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

a. If yes, please indicate new frequency:

This course was deleted from the program requirements 3 years ago and needs to be brought back.

Spring, Summer

8. – [No ] Request for Class Mode Change

*If yes, indicate if this course will 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.*

Enter text...

9. – [No ] Request for grade type change

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

Enter text...

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

a. If yes, indicate course prefix, number and title of dual listed course.

Enter text...

11. Is this course cross listed? No

*(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.)*

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

Enter text...

1. Are these courses offered for equivalent credit? Yes / No

Please explain. Enter text...

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

a. If yes, what program?

Enter text...

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 or the previous version of the course? No

a. If yes, which course?

Enter text...

15. 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...

16. 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.*

**Revision Details**

17. Please outline the proposed revisions to the course.

*Include information as to any changes to course outline, special features, required resources, or in academic rationale and goals for the course.*

This course introduces radiology students to various modalities within the profession. It will be taught as it was listed and outlined 4 years ago.

18. Please provide justification to the proposed changes to the course.

It was discovered during the revision of the BSRS last year that we were lacking in some areas of teaching the entire Radiologic Sciences professional curriculum. This course will provide for half of that missing knowledge base.

19. Do these revisions result in a change to the assessment plan?

[No]

*\*If yes: Please complete the Assessment section of the proposal on the next page.*

*\*If no: Skip to Bulletin Changes section of the proposal.*

***\*See question 19 before completing the Assessment portion of this proposal.***

**Assessment**

**University Outcomes**

20. 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**

21. 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?

This course contributes to program-level learning outcome #1 Students will be clinically competent

22. 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.

Assessment plan on file with the Office of Assessment

*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)** | 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**

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

|  |  |
| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure | What will be your assessment measure for this outcome? |

*(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.* |

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Major in Radiologic Sciences

**Bachelor of Science in Radiologic Sciences**

**(Bridge Program)**

A complete 8-semester degree plan is available at http://registrar.astate.edu/.

|  |  |
| --- | --- |
| University Requirements: | |
| See University General Requirements for Baccalaureate degrees (p. 41) | |
| **General Education Requirements:** | Sem. Hrs. |
| See General Education Curriculum for Baccalaureate degrees (p. 83)  Students with this major must take the following:  *MATH 1023, College Algebra or MATH course that requires MATH 1023 as a prerequisite*  *BIO 2203 AND 2201, Human Anatomy and Physiology I and Laboratory*  *~~PSY 2013, Introduction to Psychology~~*  *COMS 1203, Oral Communication (Required Departmental Gen. Ed. Option)* | 35 |
| **Hours by Articulation:**  *Students will receive credit by articulation for their associate degree/certificate radiologic science educational work.* | Sem. Hrs. |
| RAD 3103, Intro to Radiography | 3 |
| RAD 3113 AND RAD 3111, Radiographic Procedures I and Laboratory | 4 |
| RAD 3123, Radiation Physics and Imaging | 3 |
| RAD 3202, Imaging Equipment | 2 |
| RAD 3203 AND RAD 3201, Radiographic Procedures II and Laboratory | 4 |
| RAD 3213 AND RAD 3211, Image Acquisition & Evaluation I and Laboratory | 4 |
| RAD 3223, Sectional Anatomy | 3 |
| RAD 3233, Radiography Clinical I | 3 |
| RAD 4103 AND RAD 4101, Radiographic Procedures III and Laboratory | 4 |
| RAD 4113, Image Acquisition & Evaluation II | 3 |
| RAD 4123, Imaging Pathology | 3 |
| RAD 4132, Radiobiology | 2 |
| RAD 4143, Radiography Clinical II | 3 |
| RAD 4203, Radiography Clinical III | 3 |
| RAD 4213, Radiography Clinical IV | 3 |
| Sub-total | 47 |
| **Bridge Program:** | Sem. Hrs. |
| BIO 2223 AND 2221, Human Anatomy and Physiology II and Laboratory | 4 |
| ~~BCOM 2463, Business Communication~~ | ~~3~~ |
| DPEM 3503, Principles of Disaster Preparedness | 3 |
| ***DPEM 3513 Radiation Emergencies*** | *3* |
| RS 3122, Legal & Regulatory Environ of Radiology  *RS 3142 Advanced Imaging and Therapy I* | 2  *2* |
| *RS 3152 Advanced Imaging and Therapy II*  *RS 3633 Pediatric Considerations in Radiology*  RS 3733, Geriatric Considerations in Radiology | *2*  *3*  3 |
| RS 4343, Radiologic Administrative Concepts | 3 |
| RS 436V, Independent Study in the Radiologic Sciences | 3 |
| RS 4463, Statistics for Medical Imaging | 3 |

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| --- | --- |
| RS 4822, Psychosocial Factors in Healthcare | 2 |
| RS 4852, Advanced Radiologic Pathophysiology I | 2 |
| RS 4862, Advanced Radiologic Pathophysiology II | 2 |
| ~~Upper-level electives~~ | ~~5~~ |
| **Sub-total** | **38** |
| **Total Required Hours:** | **~~120~~ 122** |

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Radiologic Sciences (RS)

RS 3122. Legal and Regulatory Environment of Radiology Introduction to the growing legal and regulatory requirements being placed on radiology departments and professionals. Content includes American College of Radiology. Joint Commission on Accreditation of Healthcare Organizations, Food and Drug Administration, and state regulatory regulations as well as other legal considerations regarding personnel, operations and staffing. Prerequisite, formal acceptance in to the professional program. Spring, Summer.

RS 3133. Radiologic Sectional Anatomy Radiologic concepts and applications of sectional anatomy including transverse, sagittal and coronal sections of all body areas. Prerequisite, formal acceptance in to the professional program. Fall, Spring, Summer.

***RS 3142. Advanced Imaging and Therapy I Foundation information on the physics, instrumentation, and clinical procedures for digital imaging, computed tomography, magnetic resonance imaging, diagnostic medical sonography equipment as well as an overview of quality management concepts. Fall, Summer.***

***RS 3152. Advanced Imaging and Therapy II Foundation information on the physics, instrumentation, and clinical procedures for cardiovascular interventional technology, mammography, bone densitometry, nuclear medicine, and radiation therapy. Spring, Summer.***

RS 3733. Geriatric Considerations in Radiology Psychosocial, emotional, mental and psychiatric issues encountered in the aging process with attention to normal processes of aging, common interventions, and treatments. Fall, Spring.

RS 3811. Radiologic Quality Management Administration Administrative aspects of the concepts and applications of the various quality assurance theories and techniques. Includes those quality functions mandated by various accrediting bodies related to medical imaging and radiation therapy. Prerequisite, formal acceptance in to the professional program. Fall.

RS 3843. Advance Clinical Practice Focus is on current healthcare delivery environment including patient assessment, monitoring, infection control, and management. It includes working with multicultural patients, managing problem patients, and patient education. Prerequisite, Admission to the Imaging Specialist program. Spring.

RS 4101. Overview of Magnetic Resonance Imaging Overview of MRI including the four content areas required by the ARRT for post-primary certification. Prerequisite, Instructor approval. Fall, Spring, Summer.

RS 4183. Leadership Practicum Experiential learning practicum with three radiologic facilities that allows students to participate with department management the skills, concepts and theories studied in RS 4343. Prerequisite, formal acceptance in to the professional program. Fall, Spring, Summer.

RS 4333. Radiologic Education Concepts An examination of various educational principles and methods appropriate for instruction in radiologic technology educational programs. Particular emphasis will be placed on the competency based approach to instruction and JRCERT guidelines. Prerequisite, formal acceptance in to the professional program. Spring.