Code # 2016G\_NHP16

**New Course Proposal Form**

[ ]  **Undergraduate Curriculum Council** - Print 1 copy for signatures and save 1 electronic copy.

[x]  **Graduate Council** - Print 1 copy for signatures and send 1 electronic copy to pheath@astate.edu

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| --- |
| [x] **New Course or** [ ]  **Experimental Course (1-time offering) (Check one box)***Please complete the following and attach a copy of the bulletin page(s) showing what changes are necessary.*  |

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Chair:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**General Education Committee Chair (If applicable)**   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8/30/2016**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8/30/2016**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |

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

Susan Hanrahan, PhD, Dean

hanrahan@astate.edu

870-972-3112

2. Proposed Starting Term and Bulletin Year

Summer 2018

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*. )

AT 6103

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).

Medical Assessment

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

Examines the recognition, assessment, and management of general medical conditions and illnesses.

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

Enter text...

* 1. Why or why not?

 Enter text...

1. Is this course restricted to a specific major? Yes
	1. If yes, which major? Masters in Athletic Training

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

Enter text...

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.

Lecture and lab

9. What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental)?

standard letter

10. Is this course dual listed (undergraduate/graduate)?

No

11. Is this course cross listed? (If it is, all course entries must be identical including course descriptions. It is important to check the course description of an existing course when adding a new cross listed course.)

No

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

 Enter text...

1. Are these courses offered for equivalent credit? Choose an item.

 Please explain. Enter text...

12. Is this course in support of a new program? Yes

a. If yes, what program?

 Masters in Athletic Training

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? No

a. If yes, which course?

Enter text...

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

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

16. 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...

**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.)

|  |  |  |
| --- | --- | --- |
| **Date** | **Topic** | **Reading** |
| Week 1 | Intro- history and SOAP notesRoles of the Certified Athletic Trainer in General Physical Assessment, Diagnostic Imaging and Testing | 1, 2, 3 |
| Week 2 | Pharmacology, Common Clinical ProceduresRespiratory System, Cardiovascular System | 4, 5, 6, 7, 8 |
| Week 3 | Gastrointestinal Systems, Genitourinary and Gynecological Systems, Neurological | 9,10, 11 |
| Week 4 | HEENT –Head, Eyes, Ears, Nose, Throat and Mouth, Systemic Disorders | 12, 13, 14 |
| Week 5 | Infectious Disorders, Dermatological Conditions | 15, 16 |
| Week 6 | Musculoskeletal and Psychiatric Conditions, working with Special PopulationsFinal Practical Exam | 17, 18, 19 |

Enter text...

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

Lecture and Lab based course implementing scenario based learning

19. Department staffing and classroom/lab resources

See new program proposal.

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

 Enter text...

20. 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.*

**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)

Upon completion of this course students will be expected to apply evidence based clinical decision making skills to determine the best approach to evaluating general medical illnesses and injuries to prepare the athletic training student for entry level practice. This course will meet the evaluation and diagnosis competencies and proficiencies outlined by the athletic training accrediting body.

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 course contains educational competencies that are required to be met by the Commission on Accreditation of Athletic Training Education.

c. Student population served.

Graduate students admitted to the Masters in Athletic Training program

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

Graduate- The proposed athletic training program is a Masters in Athletic Training.

**Assessment**

**University Outcomes**

22. Please indicate the university-level student learning outcomes for which this new course will contribute. Check all that apply.

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| --- | --- | --- |
| * 1. [x] Global Awareness
 | * 1. [x] Thinking Critically
 | * 1. [x] Information Literacy
 |

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

23. 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?

**Masters in Athletic Training Program Outcomes**

Students will be able to:

1. Critique research in athletic training and related disciplines as a basis for application to clinical practice.
2. Demonstrate evidence based clinical practice and decision‐making in providing athletic training services
3. Critically analyze, interpret and apply the results of published research and apply the findings to profession practice.
4. Synthesize the principles of biomechanics, anatomy, and neurology to develop therapeutic interventions.
5. Demonstrate the importance of ethical decision-making in patient care decisions.

24. 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.*

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| --- | --- |
| **Program-Level Outcome 1 (from question #23)** | Critique research in athletic training and related disciplines as a basis for application to clinical practice. |
| Assessment Measure | Written exams, research paper and assignments  |
| Assessment Timetable | summer- weekly |
| Who is responsible for assessing and reporting on the results? | Program Director |
| **Program-Level Outcome 2 (from question #23)** | Demonstrate evidence based clinical practice and decision‐making in providing athletic training services |
| Assessment Measure | Written exams, research paper and assignments  |
| Assessment Timetable | Summer - weekly |
| Who is responsible for assessing and reporting on the results? | Program Director |
| **Program-Level Outcome 3 (from question #23)** | Critically analyze, interpret and apply the results of published research and apply the findings to profession practice. |
| Assessment Measure | Written exams, research paper and assignments  |
| Assessment Timetable | Summer - weekly |
| Who is responsible for assessing and reporting on the results? | Program Director |
| **Program-Level Outcome 4 (from question #23)** | Synthesize the principles of biomechanics, anatomy, and neurology to develop therapeutic interventions |
| Assessment Measure | Written exams, research paper and assignments  |
| Assessment Timetable | Summer- weekly |
| Who is responsible for assessing and reporting on the results? | Program Director |
| **Program-Level Outcome 5 (from question #23)** | Demonstrate the importance of ethical decision-making in patient care decisions. |
| Assessment Measure | Written exams, research paper and assignments  |
| Assessment Timetable | Summer- Weekly |
| Who is responsible for assessing and reporting on the results? | Program Director |

 **Course-Level Outcomes**

25. What are the course-level outcomes for students enrolled in this course and the assessment measures and benchmarks for student-learning success?

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| --- | --- |
| **Outcome 1** | Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to: history taking, inspection/observation, palpation, functional assessment, selective tissue testing techniques / special tests, neurological assessments (sensory, motor, reflexes, balance, cognitive function), respiratory assessments (auscultation, percussion, respirations, peak-flow), circulatory assessments (pulse, blood pressure, auscultation, abdominal assessments (percussion, palpation, auscultation),and other clinical assessments (otoscope, urinalysis, glucometer, temperature, opthalmoscope, otoscope, urinanalysis, glucometer, temperature). |
| Which learning activities are responsible for this outcome? | Lecture, lab and scenario based activities |
| Assessment Measure and Benchmark |  assignments, research paper and exams. 80% or better must be achieved |
| **Outcome 2** | Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include: assessment of posture, gait, and movement patterns, palpation, muscle function assessment, assessment of quantity and quality of osteokinematic joint motion, capsular and ligamentous stress testing, joint play (arthrokinematics), selective tissue examination techniques / special tests, neurologic function (sensory, motor, reflexes, balance, cognition), cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate), pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow), gastrointestinal function (including differentiation between normal and abnormal bowel sounds), genitourinary function (urinalysis), ocular function (vision, ophthalmoscope), function of the ear, nose, and throat (including otoscopic evaluation), dermatological assessment, and other assessments (glucometer, temperature). |
| Which learning activities are responsible for this outcome? | Lecture, lab and scenario based activities |
| Assessment Measure and Benchmark | assignments, research paper and exams. 80% or better must be achieved |

**Bulletin Changes**

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| **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.* |

Paste bulletin pages here...