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| 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**

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

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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| Shawn Drake, PT, PhD 2/8/2020**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Shawn Drake, PT, PhD 2/8/2020**Department Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Head of Unit (if applicable)**   |
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| Mary Elizabeth Spence | 2/28/2020 |
| **Office of Assessment** |  |

 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| Shanon Brantley, MCD, CCC-SLP 2/28/2020**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
| Susan Hanrahan 2/28/2020**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |

**General Education Committee Chair (if applicable)**   |  |

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

Alexis Kendrick, akendrick@astate.edu, 870-972-3605

1. **Proposed starting term and Bulletin year for new course or modification to take effect**

 Summer 2020

**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.”*

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|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)** *(Indicate “N/A” if no modification)* |
| **Prefix** |  | **PT** |
| **Number\*** |  | **713V** |
| **Title** |  | **Independent Study** |
| **Description\*\*** |  | **Students will complete an independent study plan directed by faculty. Topics addressed through independent study will vary. May be repeated. Restricted to Doctor of Physical Therapy majors. Summer.** |

 ***\**** (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 as it should appear in the Bulletin.

1. **Proposed prerequisites and major restrictions** **[Modification requested? 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).

1. Yes Are there any prerequisites?
	1. If yes, which ones?

Admission to the DPT program

* 1. Why or why not?

Enter text...

1. Yes Is this course restricted to a specific major?
	1. If yes, which major? Doctor of Physical Therapy
2. **Proposed course frequency [Modification requested? No]**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, “irregular.”) *Not applicable to Graduate courses.*

Graduate course N/A

1. **Proposed course type [Modification requested? 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.

Independent Study

1. **Proposed grade type [Modification requested? No]**

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

Standard Letter

1. No Is this course dual-listed (undergraduate/graduate)?
2. 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.)*

**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...

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

a. If yes, what program?

 Enter text...

1. 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**

1. **Proposed outline** **[Modification requested? 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.)

**Each student will have an independent study plan based upon remediation needs.**

1. **Proposed special features** **[Modification requested? No]**

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

Labs as needed

1. **Department staffing and classroom/lab resources**

Use of current classroom/lab resources

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

 No

1. 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)**

1. Justification for Modification(s)

Enter text...

**New Course Justification (New Courses Only)**

1. Justification for course. Must include:

 a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

 The Physical Therapy program is a lock-step program. When a student is suspended for academic reasons, the University requires the student to sit out for one semester. However, in our program, this requires the student to sit out for one year and begin the next cohort. Providing an independent study course will allow the student to remediate during the semester that he/she is readmitted into the program, before joining the next student cohort. The student must successfully pass the independent study course to be placed in the next student cohort.

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.

 The mission states that “we will educate physical therapy professionals to practice in a manner that is best described as “state of the art” for the profession, to enhance the intellectual growth of our students…” The independent study course allows our students an opportunity to remediate and enhance their intellectual growth instead of “sitting out” for a year and doing nothing while waiting to join the next cohort of students.

c. Student population served.

Doctor of Physical Therapy Students

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

The independent study will allow for remediation for graduate level courses.

**Assessment**

**Assessment Plan Modifications (Course Modifications Only)**

1. **Yes / No** Do the proposed modifications result in a change to the assessment plan?

 *If yes, please complete the Assessment section of the proposal*

**Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #19 is “Yes”)**

1. 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?

Evaluate and treat persons with movement dysfunction using the patient/client management model to optimize outcomes across the lifespan (SLO #3). This course will be an adjunctive learning opportunity for students to expand upon their baseline knowledge of physical therapy principles and develop their academic standing in order to achieve success in the doctor of physical therapy program.

1. Considering the indicated program-level learning outcome/s (from question #20), 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)** | Evaluate and treat persons with movement dysfunction using the patient/client management model to optimize outcomes across the lifespan (SLO #3) |
| Assessment Measure | Variable: multiple choice questions, identifying structures, case scenarios  |
| Assessment Timetable | Three assessments given throughout each semester |
| Who is responsible for assessing and reporting on the results? | DPT faculty  |

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

 **Course-Level Outcomes**

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

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| **Outcome 1** | Evaluate and treat persons with movement dysfunction using the patient/client management model to optimize outcomes across the lifespan (SLO #3) |
| Which learning activities are responsible for this outcome? | Lecture, group discussion, computer assisted learning  |
| Assessment Measure  | Multiple choice questions and lab practical  |

*(Repeat if needed for additional outcomes)*

**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. 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.**  |

Pg 371:

**Physical Therapy (PT)**

**PT 7116. Gross Anatomy** Study of the structure and function of the human limbs, spine, head and neck; regional description with emphasis on the muscular, skeletal, nervous, and vascular systems of the limbs and spine. Restricted to Doctor of Physical Therapy majors.

**PT 7123**. Introduction to Research and Evidence Based Practice Provide learners with the prerequisite integrated knowledge and skills required to assimilate, prepare, and present research necessary for evidence based practice. Restricted to Doctor of Physical Therapy majors.

**PT 713 V. Independent Study Students will complete an independent study plan directed by faculty. Topics addressed through independent study will vary. May be repeated. Restricted to Doctor of Physical Therapy majors. Summer.**

PT 7213. Movement Science Anatomical and biomechanical analysis of normal and abnormal human motion, including posture and gait, and their implications for physical therapy. Restricted to Doctor of Physical Therapy majors.