

For Academic Affairs and Research Use Only	
Proposal Number	
CIP Code:	
Degree Code:	

NEW OR MODIFIED COURSE PROPOSAL FORM

Undergraduate Curriculum Council

Graduate Council

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.

	ENTER DATE...
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Department Curriculum Committee Chair

	ENTER DATE...
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COPE Chair (if applicable)

	ENTER DATE...
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Department Chair

Jennifer Bouldin 3/3/2023
Head of Unit (if applicable)

	ENTER DATE...
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College Curriculum Committee Chair

	ENTER DATE...
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Undergraduate Curriculum Council Chair

Mary Elizabeth Spence 3/3/2023
Office of Accreditation and Assessment
(new courses only)

	ENTER DATE...
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Graduate Curriculum Committee Chair

Mickey Latour 3/3/2023
College Dean

Len Frey	4/5/23
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Vice Chancellor for Academic Affairs

	ENTER DATE...
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General Education Committee Chair (if applicable)

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

Jennifer Bouldin
jbouldin@astate.edu
870-972-3079

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

Fall 2025

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."

3.

	Current (Course Modifications Only)	Proposed (New or Modified) <i>(Indicate "N/A" if no modification)</i>
Prefix		DRVM
Number*		726V
Title (include a short title that's 30 characters or fewer)		Surgery II
Description**		Course will cover clinical conditions in animals with an emphasis on soft tissue surgical treatment and prognosis. It will apply anatomical knowledge and go beyond developmental aspects of small animal conditions to address surgical interventions.

* 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?
DRVM 7242 Surgery I
 - b. Why or why not?
- 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.*

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. 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...

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 [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.) |

Tentative Lecture Topics / Activities	
1	Introduction Lecture & GDV 1
2	GDV 2
3	Surgery of the Stomach
4	Surgery of the Spleen
5	Surgery of the Large Intestines 1
6	Surgery of the Large Intestines 2
7	Hemoperitoneum & Peritonitis
8	Spay –Neuter 1
9	Spay –Neuter 2
10	Airway Surgery 1
11	Airway Surgery 2
12	Airway Surgery 3
13	Thoracic Surgery 1
14	Thoracic Surgery 2
15	Thoracic Surgery 3
16	Thoracic Surgery 4
17	Surgery of the Perineum, Rectum, & Anus 1
18	Surgery of the Perineum, Rectum, & Anus 2
19	Surgery of the Perineum, Rectum, & Anus 3
20	Common Reproductive-Genital Surgeries 1
21	Common Reproductive-Genital Surgeries 2
22	Surgery of the Liver
23	Surgery of the Bladder & Urethra 1
24	Surgery of the Bladder & Urethra 2

13. Proposed special features [Modification requested? Yes/No]

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

Enter text...

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)

Enter text...

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 be able to diagnose specific disease or condition, identify the general considerations and clinically relevant pathophysiology, diagnosis, and differential diagnoses, and determine if surgery is warranted.

- 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

Relationship with Current Program-Level Assessment Process (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:

1. Given a specific disease or condition, identify the general considerations and clinically relevant pathophysiology, diagnosis, and differential diagnoses.
2. Given a specific disease or condition, describe medical management, preoperative management, and anesthesia plans for the patient.
3. Given a specific disease or condition, describe the surgical treatment, post-operative care and assessment, pain management plan, common complications, and prognosis.
4. Given a specific disease or condition, list the known surgical interventions, compare those interventions, and explain the positive and negative aspects of each.
5. Given a signalment, history, and pertinent clinical and laboratory findings, identify the species-specific disease or condition, or list the most likely differential diagnoses for the cause of the patient's condition.
6. Given clinical findings for a patient, to include intra-operative findings/observations, recommend the course(s) of action that apply, and justify the course of action that you selected as your preferred surgical intervention.
7. Analyze a clinical case or case diagnosis, and identify the associated surgical interventions, which normally require referral to a veterinary specialist.

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 <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.**

Paste bulletin pages here...