# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pngUNDERGRADUATE CURRICULUM COMMITTEE (UCC) PROPOSAL FORM

## Cover page scroll over blue text to see further important [instructions](#instructions): please read.

**N.B. DO NOT USE HIGHLIGHT, please DELETE THE WORDS THAT DO NOT APPLY TO YOUR PROPOSAL**

**ALL numbers in section (A) need to be completed, including the impact ones.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.1. [Course or program](#Proposal) | **dms 301 Obstetric and Gynecological Sonography** | | | |  |
| [Replacing](#Ifapplicable) |  | | | |
| A.2. [Proposal type](#type) | **Course: revision |** | | | |
| A.3. [Originator](#Originator) | **Eric Hall** | [Home department](#home_dept) | **Biology/Health Sciences** | | |
| A.4. [Context and Rationale](#Rationale) | **The reorganization of the BS in Medical Imaging, Diagnostic Medical Sonography degree requires the shifting of some content into the new MEDI 202 and other courses and redistribution of the credits. We are proposing to change DMS 301 from 3 to 1.5 credits.**  **Original course name was “Introduction to Abdominal and Ob/Gyn Sonography”**  **The content of this course was too detailed to be labeled an introductory course.**  **We would like to divide this course into 2 courses: rename DMS-301 Abdominal Sonography I and create DMS-306 Obstetrical & Gynecological Sonography II (DMS 305 is Obstetrical & Gynecological Sonography I)** | | | | |
| A.5. [Student impact](#student_impact) | **This course represents an effort to spread some of the DMS content over an additional semester. The benefit to the students is more time to adjust to working in the clinical environment.** | | | | |
| A.6. [Impact on other programs](#impact) | **None** | | | | |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty): | **NA** | | | |
| [*Library*:](#library) | **NA** | | | |
| [*Technology*](#technology) | **NA** | | | |
| [*Facilities*](#facilities): | **NA** | | | |
| A.8. [Semester effective](#Semester_effective) | **Fall 2018** | A.9. [Rationale if sooner than next Fall](#Semester_effective) | |  | |
| A.10. INSTRUCTIONS FOR CATALOG COPY: This single file copy must include ALL relevant pages from the college catalog, and show how the catalog will be revised. (1) Go to the “Forms and Information” page on the UCC website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and delete any catalog pages not relevant for this proposal. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits. If new copy, indicate where it should go in the catalog. If making related proposals a single catalog copy that includes all is acceptable. Send as a separate file along with this form. | | | | | |

B. [NEW OR REVISED COURSES](#delete_if)  **DO NOT use highlight. Delete this whole page if the proposal does not include a new or revised course.**

|  | Old ([for revisions only](#Revisions)) Only include information that is being revised, otherwise leave blank (delete provided examples that do not apply) | New Examples are provided for guidance, delete the ones that do not apply |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title) | **DMS 301** |  |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title) | **Abdominal, Obstetric, and Gynecological Sonography** | **Abdominal Sonography I** |
| B.4. [Course description](#description) | This course is designed to introduce the student to abdominal, obstetrical, and gynecological sonography. | This course introduces the student to scanning lower extremity vascular sonography. The student then progresses to abdominal vasculature, neck sonography & sonography of the kidneys. |
| B.5. [Prerequisite(s)](#prereqs) |  |  |
| B.6. [Offered](#Offered) |  |  |
| B.7. [Contact hours](#contacthours) | **3** | **1.5** |
| B.8. [Credit hours](#credits) | **3** | **1.5** |
| B.9. [Justify differences if any](#differences) |  | |
| B.10. [Grading system](#grading) |  |  |
| B.11. [Instructional methods](#instr_methods) |  |  |
| B.12.[Categories](#required) |  |  |
| B.13. Is this an Honors course? |  |  |
| B.14. [General Education](#ge)  N.B. Connections must include at least 50% Standard Classroom instruction. |  |  |
| B.15. [How will student performance be evaluated?](#performance) |  |  |
| B.16. [Redundancy statement](#competing) |  |  |
| B. 17. Other changes, if any |  | |

| B.18**.** [**Course learning outcomes**](#outcomes)**: List each one in a separate row** | [**Professional Org.Standard(s)**](#standards)**, if relevant** | [**How will each outcome be measured**](#measured)**?** |
| --- | --- | --- |
| * Discuss the normal anatomy of the major abdominal vasculature. * Discuss the pathology and sonographic findings of the major abdominal vasculature. * Describe the texture, patterns, and size of the normal thyroid and parathyroid glands. * Define the relational anatomy of the thyroid and parathyroid glands. * Discuss congenital anomalies that affect the thyroid. * Differentiate the sonographic features of pathologic conditions found in the thyroid and parathyroid glands. * Discuss normal anatomic location, function, and sonographic appearance of urinary system organs. * Discuss normal physiology of the urinary system. * Describe the sonographic scanning technique to image the urinary system. * Define and discuss pathologies discussed in chapter 14. * Identify and define the sonographic appearance of pathologies discussed in chapter 14. * Describe the clinical signs and symptoms of urinary tract problems and the laboratory tests that are used to evaluate them. * List the risk factors, signs, and symptoms of venous disease. * Describe the anatomy encountered during a venous duplex imaging examination. * Outline the proper instrument control settings used during venous duplex imaging. * Describe the characteristics of venous Doppler signals obtained during duplex imaging. * Describe the imaging characteristics of a normal venous system. * Discuss the imaging characteristics associated with deep vein thrombosis and venous reflux. |  | Objectives will be assessed through examination. |

| B.19. [**Topical outline**](#outline)**: Do NOT insert whole syllabus, we just need a two-tier outline** |
| --- |
| |  |  | | --- | --- | |  |  | | GEN | Lower extremity venous anatomy – thigh and knee vessels  Lower extremity venous imaging  Lower extremity venous pathology – DVT | | GEN |  | | Lower extremity venous anatomy – calf vessels  Lower extremity venous imaging | | GEN | Lower extremity venous imaging – calf vessels  Lower extremity pathology – venous incompetence, chronic DVT | | GEN | Abdominal vasculature  Abdominal vasculature anatomy  Scanning technique | | GEN | Thyroid/parathyroid – anatomy and physiology  Thyroid/parathyroid – sonographic characteristics | | GEN | Thyroid/parathyroid – pathology  Thyroid/parathyroid – sonographic characteristics | | GEN |  | | Urinary System – anatomy and physiology | | GEN | Renal Pathology I | | GEN | Renal Pathology II – solid masses | | GEN | Renal Pathology III – cystic masses | | GEN | Renal Pathology IV – renal trauma | | GEN | Renal Pathology V – vascular diseases and renal allograft (transplant)  Review for Urinary System TEST | |

## D. Signatures

* Changes that affect General Education in any way MUST be approved by ALL Deans and COGE Chair.
* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and relevant dean (e.g. when creating/revising a program using courses from other departments/programs). Check UCC manual 4.2 for further guidelines on whether the signatures need to be approval or acknowledgement.
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to [curriculum@ric.edu](mailto:curriculum@ric.edu) and a printed or electronic signature copy of this form to the current Chair of UCC. Check UCC website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary prposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Eric Hall | Program Director of Medical Imaging |  |  |
| Rebeka Merson | Chair of Biology |  |  |
| Earl Simson | Dean of FAS |  | Tab to add rows |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. CONCERNS SHOULD BE BROUGHT TO THE UCC COMMITTEE MEETING FOR DISCUSSION

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
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