# 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 312 scan lab ii** | | | |  |
| [Replacing](#Ifapplicable) |  | | | |
| A.2. [Proposal type](#type) | **Course: creation |** | | | |
| 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 new courses with redistribution of credits. This course is part of the new Scan Lab sequence.** | | | | |
| 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 312** |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title) |  | **Scan Lab II** |
| B.4. [Course description](#description) |  | Topics of this lab include: Post thyroidectomy, Liver & Biliary system, Upper extremity venous. 2 contact hours. |
| B.5. [Prerequisite(s)](#prereqs) |  | **DMS 302** |
| B.6. [Offered](#Offered) |  | **Summer** |
| B.7. [Contact hours](#contacthours) |  | **2** |
| B.8. [Credit hours](#credits) |  | **1** |
| B.9. [Justify differences if any](#differences) | Laboratory experiences for this program are calculated at 1 credit per 2 contact hours. | |
| B.10. [Grading system](#grading) |  | **Letter grade** |
| B.11. [Instructional methods](#instr_methods) |  | **Laboratory** |
| 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) |  | **Instructor evaluated competency** |
| 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)**?** |
| --- | --- | --- |
| * Demonstrate safe handling and appropriate operation of the ultrasound unit, keyboard, transducer, cables and ancillary equipment. * Cleans transducer, cables and unit using appropriate methods and disinfection solution/wipes. * Identify normal anatomical structures as demonstrated by sonography. * Identify acoustic artifacts. * Describe normal structures using correct sonographic terminology. * Ensure images/views are adequately recorded. * Discuss the images/views with the instructor; verbalize scanning procedure and technique. * Discuss anatomy recorded images. * Discuss acoustic artifacts as they relate to diagnosis and image quality. * Demonstrate the visceral and vascular anatomy of the Liver & Biliary system in multiple planes. * Discuss why imaging the liver surface is important * Discuss why it is important to evaluate the gallbladder in multiple patient positions * Demonstrate the normal compressibility of the upper extremity venous system * Discuss why we are scanning a thyroid bed in the post-operative patient |  | Competency evaluation by instructor |
|  |  | Click Tab from here to add rows |

| B.19. [**Topical outline**](#outline)**: Do NOT insert whole syllabus, we just need a two-tier outline** |
| --- |
| |  |  | | --- | --- | | 2 | Renal Transplant   * Evaluate the allograph for adequate prefusion using color & power Doppler * Evaluate for post-operative complications   + Lymphocele   + Urinoma   + Hematoma | | 4 | Thyroid (post-thyroidectomy)   * Interrogate the thyroid bed for recurrent disease * Examine the right & left jugular chain lymph nodes for metastatic disease | | 14 | Upper extremity venous   * Evaluate the upper extremity venous system for thrombosis   + Jugular, subclavian, axillary, cephalic, basilic & brachial veins | |  | Liver / Biliary   * Liver surface   + Micro & macro nodular surface * Portal triad   + Hepatic artery, hepatic duct, portal vein * Hepatic veins   + Right, middle, left * Liver lobule   + Sinusoids, Kupffer cells, bile canaliculi | |

## 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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|  |  |  | Tab to add rows |