# 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): [if not working select “COMMents on rollover” in your Word preferences under view] please read these.

**N.B. Please do not use highlight to select choices within a category but simply delete the options that do not apply to your proposal (e.g. in A.2 if this is a course revision proposal, just delete the creation and deletion options and the various program ones, so it reads “course revision”) Do not ever delete any of the numbered categories—if they do not apply leave them blank. ALL numbered categories in section (A) must be completed. If there are no resources impacted it is okay to put “none” in A. 7**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.1. [Course or program](#Proposal) | **VIR 304 Clinical Education II** | | | |  |
| [Replacing](#Ifapplicable) |  | | | |
| A. 1b. Academic unit | **Faculty of Arts and Sciences** | | | |  |
| 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)  Note: Must include additional information in smart tip for all [new programs](#type) | **Clinical education is a vital part of all imaging programs. It is vital that students can demonstrate the skills needed to provide appropriate patient care and clinical competence in a variety of clinical procedures. Students are required to complete clinical competencies to be eligible for the national certification exam in Vascular Interventional Radiography.**  **This course is required for the BS in Medical Imaging, Certified Radiographer VIR degree and for the Certificate of Undergraduate Study in VIR** | | | | |
| A.5. [Student impact](#student_impact)  Must include to explain why this change is being made? | **Improved readiness for working in the hospital or clinical environment.** | | | | |
| A.6. [Impact on other programs](#impact) | **None** | | | | |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty): | **This course will be taught by LSMI faculty.** | | | |
| [*Library*:](#library) | **None** | | | |
| [*Technology*](#technology) | **None** | | | |
| [*Facilities*](#facilities): | **None** | | | |
| A.8. [Semester effective](#Semester_effective) | **Fall 2022** | A.9. [Rationale if sooner than next Fall](#Semester_effective) | |  | |
| A.10. INSTRUCTIONS FOR CATALOG COPY: Use the Word copy versions of the catalog sections found on the UCC Forms and Information page. Cut and paste into a single file **ALL the relevant pages from the college catalog that need to be changed.** Use the tracked changes feature to show how the catalog will be revised as you type in the revisions. If totally new copy, indicate where it should go in the catalog. If making related proposals a single catalog copy that includes all changes is preferred. Send catalog copy as a separate single Word file along with this form. | | | | | |
| A.11. List here (with the relevant urls), any RIC website pages that will need to be updated (to which your department does not have access) if this proposal is approved, with an explanation as to what needs to be revised: | | | | | |

B. [NEW OR REVISED COURSES](#delete_if)  **Delete section B if the proposal does not include a new or revised course. As in section A. do not highlight but simply delete suggested options not being used. Always fill in b. 1 and B. 3 for context.**

|  | Old ([for revisions only](#Revisions)) ONLY include information that is being revised, otherwise leave blank. | New Examples are provided within some of the boxes for guidance, delete just the examples that do not apply. |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title) |  | **VIR 304** |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title) |  | **Clinical Education II** |
| B.4. [Course description](#description) |  | Students, under direct and indirect supervision, are introduced to further clinical skills through observation and participation in VIR procedures. Emphasis is placed on the integration of clinical and didactic education. 8 contact hours. |
| B.5. [Prerequisite(s)](#prereqs) |  | **Acceptance into the program** |
| B.6. [Offered](#Offered) |  | **Spring** |
| B.7. [Contact hours](#contacthours) |  | **8** |
| B.8. [Credit hours](#credits) |  | **4** |
| B.9. [Justify differences if any](#differences) | 90 hours/clinical credit- standard for imaging programs | |
| B.10. [Grading system](#grading) |  | **Letter grade** |
| B.11. [Instructional methods](#instr_methods) |  | **Internship** |
| B.11.a [Delivery Method](#instr_methods) |  | **| Clinical | Small group |** |
| B.12. CATEGORIES  12. a. [How](#required) to be used |  | **Required for Certification** |
| 12 b. Is this an Honors  course? |  | **NO** |
| 12. c. [General Education](#ge)  N.B. Connections must include at  least 50% Standard Classroom  instruction. |  | **NO** |
| 12. d. Writing in the  Discipline (WID) |  | **NO** |
| B.13. [How will student performance be evaluated?](#performance) |  | **Clinical work and clinical competencies** |
| B.14 [Recommended class-size](#class_size" \o "Check appendix XVIII in the UCC Manual for Best Practices) |  | **10** |
| B.15. [Redundancy statement](#competing) |  |  |
| B. 16. Other changes, if any |  | |

| B.17**.** [**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)**?** |
| --- | --- | --- |
| Perform a variety of VIR procedures under direct and indirect supervision |  | Clinical competencies given by the clinical instructor or clinical faculty. Competency is assessed using a standard competency evaluation form created specifically for the vascular interventional radiology program |
| Demonstrate ALARA principles (radiation safety) at all times. |  | Clinical competencies given by the clinical instructor or clinical faculty. Competency is assessed using a standard competency evaluation form created specifically for the vascular interventional radiology program |
| Demonstrate knowledge of the various types of imaging equipment used in VIR. |  | Clinical competencies given by the clinical instructor or clinical faculty. Competency is assessed using a standard competency evaluation form created specifically for the vascular interventional radiology program |
| Demonstrate effective communication skills with patients and the entire healthcare team. |  | Clinical competencies given by the clinical instructor or clinical faculty. Competency is assessed using a standard competency evaluation form created specifically for the vascular interventional radiology program |
| Demonstrate competence in patient care activities during VIR procedures including standard precautions, the use of contrast, and emergency care. |  | Clinical competencies given by the clinical instructor or clinical faculty. Competency is assessed using a standard competency evaluation form created specifically for the vascular interventional radiology program |
| Demonstrate image processing and image archival and retrieval process according to current clinical standards. |  | Clinical competencies given by the clinical instructor or clinical faculty. Competency is assessed using a standard competency evaluation form created specifically for the vascular interventional radiology program |

| B.18. [**Topical outline**](#outline)**: DO NOT INSERT WHOLE SYLLABUS, JUST A TWO-TIER TOPIC OUTLINE. Proposals that ignore this request will be returned for revision.** |
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| No topical outline not needed for clinical class. |
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## 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 their 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 signature copy of this whole 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. THESE may include multiple departments, e.g., for joint/interdisciplinary proposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Eric Hall | Program Director of Medical Imaging | \*approved via e-mail | 1/21/2022 |
| Dana Kolibachuk | Chair of Biology | \*approved via e-mail | 1/21/2022 |
| Earl Simson | Dean of FAS | **Earl Simson** | 2/4/2022 |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS (and their relevant deans if not already included above) that are 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; all faculty are welcome to attend.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
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|  |  |  | Tab to add rows |