COURSE APPROVAL FORM, Graduate School
University of Arkansas for Medical Sciences

This form and attached materials are due in the Graduate School Office on the first Monday of the month. All forms will be submitted to the UAMS Graduate Council Curriculum Committee for review and approval prior to consideration by the Graduate Council.

This form is not required for minor stylistic or editorial corrections to the title or course descriptions. These may be made when revising the catalog copy.

1. **Program:** GPIBS Pathobiology Track (*Department*) _____ (*Alpha (Department) Code*)

2. **Action proposed** (indicate one or more items): Effective term: Spring 2017

[X] Add course	[ ] Change title		
[ ] Eliminate course (No outline needed)	[ ] Change credit hours from:	_____	to _____
	[ ] Change course number from:	_____	to _____
	[ ] Change description		

3. **Course ID, title and description:**

IBSD (prefix) _____ (number) Histopathology (title (20 characters))

Histology and laboratory screening (catalog name (40 characters))

Scheduled offering: [ ] Fall [X] Spring [ ] Summer [ ] On demand

To cross list a course, use the Course Cross Listing Form.

Describe the course in sentence form using 50 words or less **as it is to appear in the catalog**. List prerequisites, co-requisites and possible off-site instructional opportunities or requirements.

The course will explore the structure of normal human tissues and the basis of common screening tests to detect normal function and disease. Prequisites include the first semester courses required of the GPIBS program.

4. **Justification:**

Justify this change in terms of course needs or curriculum improvement. State the effect of this change on any degree programs. Identify the courses to be eliminated, if any, if this course is approved. (Course Approval Forms must also be submitted for these courses) Identify any existing course or courses that would extensively overlap or be duplicated if the proposed curricular change occurs. Provide statements of concurrence with the change from the chairperson(s) and dean(s) of the programs/areas offering the affected courses.

This course fills a need for the Pathobiology track and GPIBS tracks that can benefit from a graduate histology course. The coverage of clinical laboratory tests of tissue function is particularly good background for those wishing to pursue research that is readily translated from the laboratory to the clinic.

5. Course Information: *This information is not required for seminars, special problems, research, thesis, dissertation, colloquia, practica, etc.*

Course Title and Course number: *See Graduate School Office for assignment of course number.*

Credit Hours: 3

Proposed Date/Semester: 2017/Spring

Course Description: *Briefly describe course topics and educational materials the course will cover.*

See attached tentative schedule

Course Goals or Objectives: *State at least one: examples.*

- To understand the organization of major tissues and organs at the cellular level
- To understand how the structure of each tissue/organ contributes to biological functions of the tissue/organ.
- To understand the organization of major tissues and organs at the cellular level
- To understand the basis for tests of function that are used for tissues/organs in the course.

Course Prerequisites: *State if any; if none, indicate "No prerequisites."*
The prerequisites are... The first semester GPIBS course are required.

Attendance: *See example below.*
Attendance is required for all classes. Excused absences may be obtained only by permission from the course director. Make-up exams will only be given under the most extenuating circumstances.

Student Evaluation: *See examples below;*
This is a pass/fail course. A grade of 70% or greater will constitute a "pass".
Students' grades will be based on the following:

Attendance, discussion of reading, class/lab participation..... 20%
Mid Term Examination 40%
Final Examination 40%
TOTAL.....100%

Course Evaluation: *See example below; include evaluation by faculty peers as well as by students.*
At the end of the course, students will be provided with a Course Evaluation Form to anonymously assess the content and delivery of the course. Faculty will assess the course each term and make any appropriate modifications and updates.

Textbooks/Reading Materials: *See examples below.*
Textbook Junqueira's Basic Histology (2016) along with other assigned reading will be used.
Students will be e-mailed a copy of the PowerPoint presentations before each lecture.

Course Director(s): Thomas Kelly, PhD

Tentative Course Schedule: See attached

Session	Date	Topic	Instructor
1			
2			
3			
4			
5			
6			

6. **Program Approvals:**

Jennifer Hunt, M.D.
(Print or type) Chairperson, Academic Department or Area

(Signature) Chairperson, Academic Department or Area — Date: 05/26/16

College Dean (Dean McGehee for College of Medicine) — Date: 8-23-16

7. **Graduate School Approvals**

Chairperson, Graduate Council — Date: 8/18/2016

Dean of the Graduate School — Date: 8-23-16

Histology and laboratory testing

Tentative Schedule

Spring 2017

Week	Topic	Test discussed	Exams
1. Jan 3	Intro to histology techniques	IHC/Special stains	
2. Jan 9	Cytoplasm/Nucleus	FISH	
3. Jan 16 (MLK day)	Extracellular matrix	IHC	
4. Jan 23	Epithelium & Glands	Special stains/IHC	
5. Jan 30	Connective tissue	Biopsy/MRI	
6. Feb 6	Cartilage & bone	Mineral density/radiographs	
7. Feb 13	Muscle	Gomori trichrome, ATPases	
8. Feb 20 (Pres day)	Nervous tissue	GFAP, Neurofilament, S-100	
9. Feb 27	Blood hematopoiesis	Smears/Flow cytometry	MID TERM
10. March 6	Circulatory system	MI enzymes/blood press	
11. March 13	Lymphoid tissue	Flow Cytom/biopsy	
12. March 20	SPRING BREAK		
13. March 27	Digestive System	Liver enzymes/occult blood	
14. April 3	Urinary system	Urinalysis	
15. April 10	Female reproductive	Pap Smear, hormone levels, tumor markers, biopsies	
16. April 17	Male reproductive	Prostate exam/PSA, needle biopsy (transrectal)	
17. April 24	Skin	Melanoma screening	
18. May 1	Respiratory system	Volume/diffusion rates/O2	
19. May 8	Endocrine system	Hormone level testing	
20. May 15	Last Day May 19		FINAL

University of Arkansas for Medical Sciences
Office of the University Registrar
GUS Course Catalog Form

This form should be used for courses offered at UAMS. If a course addition will change the curriculum for one or multiple degree plans, you will be asked to update a curriculum template for each degree program affected. Please remember to submit a copy of the syllabus with this form.

Course Changes and Additions Submission Timeline

Fall Semester	February 1st (same calendar year)
Spring Semester	September 1st (preceding calendar year)
Summer Semester	December 1st (preceding calendar year)

This request is for a: New Course ☒ Course Change ☐ Course Retirement ☐ (skip to p. 4)

College: Graduate School

Department/Program: GPIBS

Course Title: Histology and laboratory screening

Course Description: This course will explore the structure of normal human tissues and the basis of common screening tests to detect normal function and disease. Prerequisites include the first semester courses required of the GPIBS proram.

Course Instructor: Thomas Kelly, Ph.D.

Course Instructor Email: kellythomasj@uams.edu Course Instructor Phone: 686-6401

Additional Instructors: *Click here to enter additional instructor names and email addresses*

Click here to enter additional instructor names and email addresses

Click here to enter additional instructor names and email addresses

GENERAL COURSE INFORMATION

First term course will be offered/changed: Fall ☐ Spring ☒ Summer ☐

First year course will be offered/changed: 2017

Meeting dates differ from standard semester? Yes ☐ No ☒

If yes, describe meeting pattern: (i.e. last 4 weeks of semester, 8 Wednesdays beginning 2nd week, etc.)

Grading Basis: Pass/Non-pass Number of Units: 3

If Variable Credit, list the maximum number of units: *Choose an item.*

Component Type: *Lecture*

Repeat for credit? Yes ☐ No ☐

If yes, limit to number of enrollments allowed per student: *Click here to enter max enrollments.*

Preferred Catalog Number: *Click here to enter text.*

*Note: Preferred Catalog Numbers are not guaranteed to be used.

ENROLLMENT CONTROLS

PREREQUISITES

Subject Area	Catalog #	Course Title	Course ID (if known)
BIOC	5101	Biochemistry and Molecular Biology	*Course ID*
NBSD	5111	Cell Biology	*Course ID*
PHYO	5112	Gene Expression	*Course ID*
Subj. Area	*Catalog #*	*Course Title*	*Course ID*

CO-REQUISITES

Subject Area	Catalog #	Course Title	Course ID (if known)
Subj. Area	*Catalog #*	*Course Title*	*Course ID*
Subj. Area	*Catalog #*	*Course Title*	*Course ID*
Subj. Area	*Catalog #*	*Course Title*	*Course ID*
Subj. Area	*Catalog #*	*Course Title*	*Course ID*

Please list any other non-course prerequisites attached to this course (e.g. minimum GPA, exam, year in program)
Click here to enter text.

Minimum Number of Students to Enroll: *Click to enter number*
Maximum Number of Students who may Enroll: *Click to enter number*

Is enrollment in this course limited to certain groups of students (i.e. PhD students only)? Yes ☐ No ☐

Please describe enrollment limits by groups: *Click here to enter max enrollments.*

Is advisor or instructor consent required for students to take this course? *Choose an item.*

INSTRUCTION MODE

Please provide information about the first semester this course will be offered. You will have the opportunity to change this information if this form is provided prior to the last date for scheduling requests.

INSTRUCTION INFORMATION

Instruction Mode: *Choose an item.*
FOR ONLINE COURSES ONLY: Will this course be offered to students out of state? Yes ☐ No ☐

Please select all locations where this course will be taught:
Main Campus ☒ Northwest Campus ☐ UAMS Southwest ☐ Other ☐

If "Other" Location, please describe: *Click here to enter text.*

EXAM AND PROGRESSION

Will the course have a final exam? Yes ☒ No ☐
Will the final exam occur during the normally scheduled course time? Yes ☒ No ☐

Is there a minimum grade required for the student to progress? *Choose an item.*

ADDITIONAL INFORMATION

Are any degrees affected by this course addition? Yes ☐ No ☐

If "Yes" please list all degrees affected by this change: *Click here to enter text.*

Does this course address/include:

Service Learning[1]:	Partially ☐	100% ☐	Does not address ☒
Inter-professional Education[2] (IPE)	Partially ☐	100% ☐	Does not address ☒
Cultural competency[3]	Partially ☐	100% ☐	Does not address ☒
Patient-Family Centered Care[4]	Partially ☐	100% ☐	Does not address ☒
Interdisciplinary Education[5]	Partially ☐	100% ☐	Does not address ☒

[1] A structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn: the context in which the service is provided, the connection between their service and their academic coursework, and their roles as citizens.
[2] Defined as students of two or more professions engaged in learning with, from and about each other.
[3] An ability to interact effectively with people of different cultures and ethnic backgrounds. Comprises four components: Awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.
[4] An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare providers, patients, and families. It redefines the relationships in health care. The core concepts include: Dignity and respect, information sharing, participation, and collaboration.
[5] Defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services need to make appropriate health decisions.

ADDITIONAL INFORMATION:

Click here to enter text.

COURSE RETIREMENT ONLY – Course Additions and Changes can skip to pg. 5

College: *Choose an item.*
Department/Program: *Click here to enter text.*
Course Title: *Click here to enter the current title.*
Catalog Name and Number: *Click here to enter text.*
Course ID (if known): *Click here to enter text.*

What semester and year will this course be retired? *Click here to enter text.*

Are any degrees affected by this course retirement? Yes ☐ No ☐

If "Yes," please list all degrees affected by this change (updated Curriculum Templates for any degree that will change as a result of this retirement are required to be submitted to the Office of the University Registrar):

Click here to enter text.

ADDITIONAL INFORMATION:

Click here to enter text.

APPROVALS

Proposal will not be processed without all required signatures.

Course Instructor signature	Enter Course Instructor Name
Associate Dean signature	Enter Associate Dean Name
Today's Date: *Click here to select date.*	Preparer's Name: *Click here to enter name*
Preparer's Email: *Click here to enter email address*	

Please submit this form and a copy of the syllabus to:
Angela Wilson, Registrar
Email: awilson5@uams.edu
Mail Slot #767
Questions? 501-526-6612

Office use only Received: _____ Entered into GUS ☐ Entered into Schedule of Courses ☐ Curriculum Registrar Initials: ___ Schedule Registrar Initials:___	**Notes/Follow-up:**