New Course Request

Indiana University

Check Appropriate Boxes: Undergraduate credit □ Graduate credit □ Professional credit □

1. School/Division: DENTAL EDUC/NHP
2. Academic Subject Code: JHYG
3. Course Number: (must be cleared with University Enrollment Services)
4. Instructor: 
5. Course Title: H300 CLINICAL PRACTICE A-S
   Recommended Abbreviation (Optional): (Limited to 32 Characters including spaces)
6. First time this course is to be offered (Semester/Year): Summer I, 2004
7. Credit Hours: Fixed at 3 or Variable from to
8. Is this course to be graded S-F (only)? Yes □ No X
9. Is variable title approval being requested? Yes □ No X
10. Course description (not to exceed 50 words) for Bulletin publication: CONTINUOUS PERFORMANCE OF DENTAL HYGIENE SERVICES IN THE CLINICAL SETTING, INCLUDING INSTRUCTIONAL SUMMARY AND CLINICAL APPLICATION OF DENTAL HYGIENE SERVICES FOR PROVIDING PATIENT CARE.
11. Lecture Contact Hours: Fixed at 1 or Variable from 0 to 1
12. Non-Lecture Contact Hours: Fixed at 2 or Variable from 1 to 3
13. Estimated enrollment: 34 of which 0 percent are expected to be graduate students.
14. Frequency of scheduling: 1X/yr Will this course be required for majors? Yes □
15. Justification for new course: SEE ATTACHED
16. Are the necessary reading materials currently available in the appropriate library? Yes □
17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.
18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.
19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: [Signature] Date 2-23-04 Approved by: [Signature] Date 3-17-04
Department Chairperson/Division Director

Dean of Graduate School (when required) Date

Chancellor/Vice-President Date

University Enrollment Services Date

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

UPS 724 University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White
Proposed Curriculum Revisions
Program in Dental Hygiene
Division of Nursing & Health Professions
Indiana University South Bend
February 23, 2004

New Course Request:
H300 Clinical Practice II S

The original clinical course work in the Dental Hygiene Program at Indiana University South Bend was provided over 2 years or 4 semesters. Students were enrolled in clinics for eight hours a week during the first year of study and twelve hours a week the second year.

In 1996 the class size was expanded from 20 students per year to 30-36 per year. In order to provide the accreditation required clinic sessions for the larger class, the second year of the program began Summer Session I. The 12+ 12 hours of second year clinic was spread over three semesters of eight hours each.

<table>
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<tr>
<th>Original Curriculum</th>
<th>Clinic # hrs per wk</th>
<th>Revised Curriculum</th>
<th>Clinic # hrs per wk</th>
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<td>Fall Semester</td>
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</table>

We have been using the course number H301 for 3 credits in the summer and 2 credits in the Fall Semester. Because the level of competency and the requirements for summer clinic differ from fall semester clinic, we would like to distinguish between the summer and fall clinics by using a different course numbers. Therefore, we would like to request a new course, H300 Clinical Practice II S for 3 credit hours.

Please note that the credit hours for the three second year clinics all vary.