



UNIVERSITY OF KENTUCKY

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COLLEGE OF DENTISTRY

February 7, 2008

Heidi Anderson, Ph.D.
Associate Provost of Faculty Affairs
Chair, Health Care Colleges Council
Memorandum

Dear Dr. Anderson,

Attached is the form requesting a new course PDO 790 "Research in Pediatric Dentistry." This course has been created to provide credit hours for the independent research conducted by the Master of Science students in the Pediatric Dentistry track in the College of Dentistry. The course is comparable to research courses offered by Orthodontics, Periodontology and Orofacial Pain tracks in the Master of Science Program. The course also will assist the Master of Science students in achieving necessary credit hours for either our Plan A or Plan B option.

This course has been approved by the Graduate Faculty of the College of Dentistry and the College of Dentistry Master of Science Program Oversight Committee.

Thank you very much for considering this new course. If you have any questions, please contact Dr. Karen Novak, Director of Graduate Studies (323-8705; knova2@uky.edu).

Sincerely,

A handwritten signature in cursive script that reads "Sharon P. Turner".

Sharon Turner, D.D.S., J.D.
Dean
College of Dentistry

Office of the Dean

D-136 UKMC • Lexington, Kentucky 40536-0297

(859) 323-5786 • fax (859) 257-9497

www.mc.uky.edu/Dentistry

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UNIVERSITY OF KENTUCKY

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COLLEGE OF DENTISTRY

January 22, 2008

Sharon Turner, DDS, JD
Dean
College of Dentistry

Dear Dean Turner,

Attached is the form requesting a new course PDO 790 "Research in Pediatric Dentistry." This course has been created to provide credit hours for the independent research conducted by the Master of Science students in the Pediatric Dentistry track in the College of Dentistry. The course is comparable to research courses offered by Orthodontics, Periodontology and Orofacial Pain tracks in the Master of Science Program. The course also will assist the Master of Science students in achieving necessary credit hours for either our Plan A or Plan B option.

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Thank you very much for considering this new course. If you have any questions, please contact me (323-8705; knova2@uky.edu).

Sincerely,

Karen F. Novak, DDS, MS, PhD
EdD Director of Graduate Studies
College of Dentistry

Mohamad Al Sabbagh, DDS, MS
Graduate Program Director
Division of Periodontology

David Nash, DMD, MS,
Oversight Committee
Division of Pediatric
Dentistry

Cindy Beeman, DDS, PhD
Graduate Program Director
Division of Orthodontics

Jeff Okeson, DDS
Graduate Program Director
Division of Orofacial Pain

Center for Oral Health Research
414 Health Sciences Research Bldg. • Lexington, Kentucky 40536-0305
(859) 323-8229 or (859) 323-5357 • fax (859) 257-6566

www.mc.uky.edu/COHR

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APPLICATION FOR NEW COURSE

1. Submitted by the College of Dentistry Date: 1/10/08

Department/Division proposing course: Oral Health Science/Pediatric Dentistry

2. Proposed designation and Bulletin description of this course:

a. Prefix and Number PDO 790

b. Title* Reseach in Pediatric Dentistry

*If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:

Research in Peds Dent

c. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

CLINICAL COLLOQUIUM DISCUSSION LABORATORY LECTURE
 INDEPEND. STUDY PRACTICUM RECITATION RESEARCH RESIDENCY
 SEMINAR STUDIO OTHER – Please explain: _____

d. Please choose a grading system: Letter (A, B, C, etc.) Pass/Fail

e. Number of credit hours: 1

f. Is this course repeatable? YES NO If YES, maximum number of credit hours: 3

g. Course description:

Participation in clinical, biomedical or biobehavioral research in pediatric dentistry. Research must be conducted independently, but with the supervision of a faculty mentor. Completed research is submitted as either a Master's degree thesis or a manuscript for submission to an appropriate peer review journal, and must be defended before a faculty committee.

h. Prerequisite(s), if any:

Enrollment in Pediatric Dentistry/College of Dentistry M.S. degree program.

i. Will this course be offered through Distance Learning? YES NO

If YES, please circle one of the methods below that reflects how the majority of the course content will be delivered:

Internet/Web-based Interactive video Extended campus Kentucky Educational Television (KET/teleweb) Other

Please describe "Other": _____

3. Teaching method: N/A or Community-Based Experience Service Learning Component Both

4. To be cross-listed as: _____

Prefix and Number

Signature of chair of cross-listing department

APPLICATION FOR NEW COURSE

5. Requested effective date (term/year): Summer / 08
6. Course to be offered (please check all that apply): Fall Spring Summer
7. Will the course be offered every year? YES NO
If NO, please explain: _____
8. Why is this course needed?
To support the graduate student's experiential learning of research methodology in the M.S. degree program of Pediatric Dentistry/College of Dentistry.

9. a. By whom will the course be taught? David A. Nash
- b. Are facilities for teaching the course now available? YES NO
If NO, what plans have been made for providing them?

10. What yearly enrollment may be reasonably anticipated?
1-4
11. a. Will this course serve students primarily within the department? Yes No
- b. Will it be of interest to a significant number of students outside the department? YES NO
If YES, please explain.

12. Will the course serve as a University Studies Program course[†]? YES NO
If YES, under what Area? _____
- [†]AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.
13. Check the category most applicable to this course:
- traditional – offered in corresponding departments at universities elsewhere
 - relatively new – now being widely established
 - not yet to be found in many (or any) other universities
14. Is this course applicable to the requirements for at least one degree or certificate at UK? Yes No
15. Is this course part of a proposed new program? YES NO
If YES, please name: _____
16. Will adding this course change the degree requirements for ANY program on campus? YES NO
If YES[†], list below the programs that will require this course:

APPLICATION FOR NEW COURSE

‡In order to change the program(s), a program change form(s) must also be submitted.

17. The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.
18. Check box if course is 400G or 500. If the course is 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

19. Within the department, who should be contacted for further information about the proposed new course?

Name: David A. Nash Phone: 3.2026 Email: danash@email.uky.edu

20. Signatures to report approvals:

DATE of Approval by Department Faculty	JEFFREY OKESON printed name	[Signature] Reported by Department Chair	[Signature] signature
DATE of Approval by College Faculty	MARK J. THOMAS printed name	[Signature] Reported by College Dean	[Signature] signature
* DATE of Approval by Undergraduate Council	/	/	/
* DATE of Approval by Graduate Council	/	/	/
3/18/08 * DATE of Approval by Health Care Colleges Council (HCCC)	Heidi Anderson printed name	/	[Signature] Reported by Health Care Colleges Council Chair signature
* DATE of Approval by Senate Council	Reported by Office of the Senate Council		
* DATE of Approval by University Senate	Reported by Office of the Senate Council		

*If applicable, as provided by the *University Senate Rules*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)

SYLLABUS

PDO 790 RESEARCH IN PEDIATRIC DENTISTRY

COURSE DIRECTOR: David A. Nash, D.M.D., M.S., Ed. D.

COURSE DESCRIPTION:

Participation in clinical, biomedical or bio-behavioral research in pediatric dentistry. Research must be conducted independently, but with the supervision of a faculty mentor. Completed research is submitted as either a Master's degree thesis or a manuscript for submission to an appropriate peer reviewed journal, and must be defended before a faculty committee.

COURSE OBJECTIVES:

The graduate student should be able to:

1. demonstrate the ability to identify a researchable problem in the discipline of pediatric dentistry;
2. develop a research protocol;
3. gain approval of a research protocol by a faculty committee;
4. submit an Institutional Review Board application;
5. conduct designed research
6. write and defend a thesis or a publishable manuscript.

There is no didactic instruction associated with this course.

COURSE EVALUATION:

Grades are assigned by the course director based on reports from the chair of the respective research advisory committee. These reports will document the (1) timeliness; (2) completeness; and (3) appropriateness of the student's research work during the term for which credit is assigned. A grade will be assigned based on the student meeting these criteria.

Grading Scale:	A	High level of performance
	B	Satisfactory level of performance
	C	Minimally acceptable level of performance
	E	Failure