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,

Sharon Turner, D.D.S., J.D.
Dean
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 Novak
Karen F. Novak, DDS, MS, PhD
EdD Director of Graduate Studies
College of Dentistry

Mohammad 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 Oleson, DDS
Graduate Program Director
Division of Orofacial Pain
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  Research 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  (X) 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?
    If YES, please name: ____________________________________________
    ☐ YES ☒ NO

16. Will adding this course change the degree requirements for ANY program on campus?
    If YES, list below the programs that will require this course:
    ☐ YES ☒ NO
APPLICATION FOR NEW COURSE

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

DATE of Approval by College Faculty

* DATE of Approval by Undergraduate Council

* DATE of Approval by Graduate Council

* DATE of Approval by Health Care Colleges Council (HCCC)

* DATE of Approval by Senate Council

* DATE of Approval by University Senate

*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 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.

COURSE OBJECTIVES:

Be able to demonstrate through a research project capability of identifying a researchable problem in the discipline of pediatric dentistry, developing a research protocol and gaining approval of same by a faculty committee, conducting the research, and writing and defending 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 timeliness, completeness, and appropriateness of the student’s research work during the term for which credit is assigned.