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,

[Signature]

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

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Office of the Dean
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(859) 323-5786 • fax (859) 257-9497
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An Equal Opportunity University
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

Mohand 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
APPLICATION FOR NEW COURSE

1. Submitted by the College of __________________________ 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: ___
   f. Is this course repeatable? YES ☒ NO ☐ If YES, maximum number of credit hours: ___
   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:
      __________________________
      __________________________
   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

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. ☐ 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/RulesandRegulations/Main.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