California State University, San Marcos

FORM X (WHITE)

**Authorization To Offer Non-Degree Extension Credit Course Through Extended Studies**

1. Desired Term: **Summer**
   Year of implementation: **2016**

2a. Course abbreviation and Number: SLP 614

2b. Abbreviated Title: **CFA Imaging**
   (No more than 25 characters, including spaces)

3. College: **CEHHS**

4. Number of Units: **1**

5. Billing Units: **1**

6. Allowed Student Levels: **UG X GR X EE X** (Default is to check all three levels)

7. Grading Method:
   - Normal (N) (Default is Letter Grade +/-; Students may request Credit/No Credit)
   - Normal Plus Report-in-Progress (NP) (As for Normal; also allows Report-in-Progress)
   - **Credit/No Credit Only (C)**
   - Credit/No Credit or Report-in-Progress Only (CP)

8. Mode of Instruction:
   (See pages 17-23 at [http://www.calstate.edu/cim/data-element/APDB-Transaction-DED-SectionV.pdf](http://www.calstate.edu/cim/data-element/APDB-Transaction-DED-SectionV.pdf) for definitions of the Course Classification Numbers)

<table>
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<tr>
<th>Type of Instruction</th>
<th>Number of Credit Units</th>
<th>Instructional Mode (Course Classification Number)</th>
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<tbody>
<tr>
<td>Lecture</td>
<td>1</td>
<td>c-06</td>
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<tr>
<td>Activity</td>
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<tr>
<td>Lab</td>
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9. Attributes: Course Requires Consent for Enrollment? **Yes X No**
   - Faculty **Yes X No**
   - Credential Analyst **Yes X No**
   - Dean **Yes X No**
   - Program/Department - Director/Chair

Prerequisites: ____________________________________________

Co-requisites: ___________________________________________

10. Does this course impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "Yes" and obtain signature.)
   - **Yes X No**

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

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<th>Discipline</th>
<th>Signature</th>
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Support: __________ Oppose: __________

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**Important: Please Complete**

1. Instructor **Alison Scheer-Cohen**
2. **TBD**

2. Please complete the **Extension Course Proposal Form**
   [http://www.csusm.edu/academic_programs/curriculum_forms/index.html](http://www.csusm.edu/academic_programs/curriculum_forms/index.html)

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**SIGNATURES: (COLLEGE LEVEL)**

1. **President/Director/Chair**
   - Signature: **4/27/15**
   - Date: **4/27/15**

2. **College Dean (or Designee)**
   - Signature: **4/27/15**
   - Date: **4/27/15**

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**SIGNATURES: (UNIVERSITY LEVEL)**

3. **Dean of Extended Studies (or Designee)**
   - Signature: **5/15/15**
   - Date: **5/15/15**

4. **Vice President for Academic Affairs (or Designee)**
   - Signature: **5/15/15**
   - Date: **5/15/15**

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Craniofacial Anomalies – Imaging

**Course Title:**

**Course Description:** (Please provide a short paragraph describing the purpose, topics and audience for your course. Be sure to include the benefits for students who take your course. An edited version of this description will be used for promotional copy.)

**Course Objectives:** (Provide specific student learning outcomes and how they will be achieved.)

The purpose of this course is to provide students with the knowledge and skills of perform imaging procedures to evaluate the laryngeal structures and velopharyngeal mechanism. The course will cover context (i.e., background/historical perspective; terminology; scope of practice; benefits and risks of imaging techniques, and facilities and equipment), in addition to the required knowledge and skills to perform imaging evaluations (i.e., anatomy and physiology; preparation of patient; procedures; interpretation/diagnosis; oral and written reporting of results; and data collection and protection).

1. Students will be able to recommend the appropriate imaging procedure(s) to evaluate laryngeal and velopharyngeal structure and function based on patient demographics, risks and benefits, and diagnostic alternatives.
2. Students will perform a minimum of one imaging technique (e.g., videofluoroscopy; nasendoscopy) on a colleague or patient to demonstrate competence and compliance in anatomical and physiological evaluation.
3. Students will interpret imaging findings, and report results in written and oral format to both related health professionals and family/caregivers.
4. Students will integrate findings into an appropriate management and treatment plan, and make appropriate referrals as necessary.
5. Students will be familiar with care and proper maintenance of imaging equipment.

**Evaluation:** (What will be the basis for grades? How will you know that the students have achieved the course objectives?)

<table>
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<tr>
<th>Description</th>
<th>Points</th>
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<tbody>
<tr>
<td>Video quiz on anatomy and physiology</td>
<td>20 points</td>
</tr>
<tr>
<td>Perform and interpret imaging examination</td>
<td>30 points</td>
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<tr>
<td>Cumulative take home case study exam</td>
<td>50 points</td>
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**Course Length:** (How many actual contact hours in class? Note: Credit courses must contain a minimum of fifteen 50-minute contact hours for each semester unit of credit, and outside of class work by students is required.

- 3-5 hour sessions. (1 unit)
Proposed Date(s): (beginning 2016)

Class to be scheduled in Summer session. Dates to be determined.

- Location: (Indicate if you are proposing this course to be scheduled and offered in our facilities, or if this course is to be held at an off-campus location, such as a school, district or county office, company, etc.)

Location TBD.

- Support Needs: (Please indicate any special services you will need, such as audio-visual equipment, photocopying, room set-up, etc.)

Smart classroom required.
Cougar Courses Container required.

- Comments: (Please add any other relevant information, such as whether or not the course has been taught elsewhere successfully, why the course is needed in our area, marketing suggestions, etc.)

This course is required as part of an OSEP grant which has been funded through the department of Speech Language Pathology.