



SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS
New Course Request

USD SSOM/Pediatrics
Institution Division/Department
Elizabeth M. Freeburg 9-15-16
Institutional Approval Signature Date

Section 1. Course Title and Description

Table with 3 columns: Prefix & No., Course Title, Credits. Row 1: PEDS 817, Inpatient Pediatric Hospital Experience, 2

Course Description
The student will work on the pediatric ward as an advanced medical student in pediatrics who assumes primary care of the patient, under the direct supervision of a pediatric hospitalist.

Pre-requisites or Co-requisites N/A Registration Restrictions N/A

Section 2. Review of Course

- 2.1. Was the course first offered as an experimental course? No
2.2. Will this be a common or unique course?
Unique Course [X]

Section 3. Other Course Information

- 3.1. Are there instructional staffing impacts?
[X] No. Schedule Management, explain: Existing faculty is adequate without change in workload.
3.2. Existing program(s) in which course will be offered: U Med or MD Program
3.3. Proposed instructional method by university: G-Clinical Experience
3.4. Proposed delivery method by university: 001-Face to Face
3.5. Term change will be effective: Spring 2017
3.6. Can students repeat the course for additional credit? [] Yes, total credit limit: [] Yes [X] No
3.7. Will grade for this course be limited to S/U (pass/fail)? [] Yes [X] No
3.8. Will section enrollment be capped? [] Yes, max per section: [] Yes [X] No
3.9. Will this course equate with any other unique or common courses in the common course system database in Colleague and the Course Inventory Report?
[] Yes [X] No
3.10. Is this prefix approved for your university? [X] Yes [] No

Section 4. Department and Course Codes (Completed by University Academic Affairs)

4.1. University Department Code: UPEDS
4.2. Proposed CIP Code: 51.1201
Is this a new CIP code the university? [] Yes [X] No