

Course Discipline Code & No: UAT269C Title: Canadian Medical Gas Instructor Training Effective Term Fall 2009
 Division Code: VCT Department Code: UA Org #: 28200
 Don't publish: College Catalog Time Schedule Web Page

Reason for Submission. Check all that apply.
 New course approval Reactivation of inactive course
 Three-year syllabus review/Assessment report Inactivation (Submit this page only.)
 Course change

Change information: Note all changes that are being made. Form applies only to changes noted.

<input type="checkbox"/> Consultation with all departments affected by this course is required.	<input type="checkbox"/> Total Contact Hours (total contact hours were: _____)
<input type="checkbox"/> Course discipline code & number (was _____)* *Must submit inactivation form for previous course.	<input type="checkbox"/> Distribution of contact hours (contact hours were: lecture: _____ lab _____ clinical _____ other _____)
<input type="checkbox"/> Course title (was _____)	<input type="checkbox"/> Pre-requisite, co-requisite, or enrollment restrictions
<input type="checkbox"/> Course description	<input type="checkbox"/> Change in Grading Method
<input type="checkbox"/> Course objectives (minor changes)	<input type="checkbox"/> Outcomes/Assessment
<input type="checkbox"/> Credit hours (credits were: _____)	<input type="checkbox"/> Objectives/Evaluation
	<input type="checkbox"/> Other _____

Rationale for course or course change. Attach course assessment report for existing courses that are being changed.

Approvals Department and divisional signatures indicate that all departments affected by the course have been consulted.

Department Review by Chairperson New resources needed All relevant departments consulted

Print: Dan Welch Faculty/Preparer Signature D. Welch Date: 12/11/09
 Print: Dan Welch Department Chair Signature D. Welch Date: 12/11/09

Division Review by Dean
 Request for conditional approval
 Recommendation Yes No
 Dean's/Administrator's Signature [Signature] Date: 12/12/09

Curriculum Committee Review
 Recommendation Tabled Yes No
 Curriculum Committee Chair's Signature [Signature] Date: 1/5/10

Vice President for Instruction Approval
 Vice President's Signature [Signature] Date: Jan. 4, 2010
 Approval Yes No Conditional

Do not write in shaded area.
 Log File 1/16/09 Ecopy Banner C&A Database C&A Log File Basic skills Contact fee

Please return completed form to the Office of Curriculum & Assessment and email an electronic copy to sjohn@wccnet.edu for posting on the website.

MASTER SYLLABUS

***Complete ALL sections which apply to the course, even if changes are not being made.**

Course: UAT269C	Course title: Canadian Medical Gas Instructor Training
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Credit hours: <u>1.5</u> If variable credit, give range: _____ to _____ credits	Contact hours per semester: <table style="width:100%"> <tr> <td></td> <td style="text-align:center"><u>Student</u></td> <td style="text-align:center"><u>Instructor</u></td> </tr> <tr> <td>Lecture:</td> <td style="text-align:center"><u>22.5</u></td> <td style="text-align:center"><u>22.5</u></td> </tr> <tr> <td>Lab:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Clinical:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Practicum:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Other:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Totals:</td> <td style="text-align:center"><u>22.5</u></td> <td style="text-align:center"><u>22.5</u></td> </tr> </table>		<u>Student</u>	<u>Instructor</u>	Lecture:	<u>22.5</u>	<u>22.5</u>	Lab:	_____	_____	Clinical:	_____	_____	Practicum:	_____	_____	Other:	_____	_____	Totals:	<u>22.5</u>	<u>22.5</u>	Are lectures, labs, or clinicals offered as separate sections? <input type="checkbox"/> Yes - lectures, labs, or clinicals are offered in separate sections <input type="checkbox"/> No - lectures, labs, or clinicals are offered in the same section	Grading options: <input type="checkbox"/> P/NP (limited to clinical & practical) <input type="checkbox"/> S/U (for courses numbered below 100) <input checked="" type="checkbox"/> Letter grades
	<u>Student</u>	<u>Instructor</u>																						
Lecture:	<u>22.5</u>	<u>22.5</u>																						
Lab:	_____	_____																						
Clinical:	_____	_____																						
Practicum:	_____	_____																						
Other:	_____	_____																						
Totals:	<u>22.5</u>	<u>22.5</u>																						

Prerequisites. Select one:

- College-level Reading & Writing
 Reduced Reading/Writing Scores
 (Add information at Level I prerequisite)
 No Basic Skills Prerequisite
 (College-level Reading and Writing is not required.)

In addition to Basic Skills in Reading/Writing:

Level I (enforced in Banner)

Course	Grade	Test	Min. Score	Concurrent Enrollment <small>Can be taken together</small>	Corequisites <small>Must be enrolled in this class also during the same semester</small>
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____

Level II (enforced by instructor on first day of class)

Course	Grade	Test	Min. Score
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____

Enrollment restrictions (In addition to prerequisites, if applicable.)

- and or Consent required
 and or Admission to program required
 and or Other (please specify): _____
 Program: UA apprenticeship

Please send syllabus for transfer evaluation to:

Conditionally approved courses are not sent for evaluation.
 Insert course number and title you wish the course to transfer as.

- | | |
|--|---|
| <input type="checkbox"/> E.M.U. as _____ | <input type="checkbox"/> _____ as _____ |
| <input type="checkbox"/> U of M as _____ | <input type="checkbox"/> _____ as _____ |
| <input type="checkbox"/> _____ as _____ | <input type="checkbox"/> _____ as _____ |

MASTER SYLLABUS

<p>Course UAT269C</p>	<p>Course title: Canadian Medical Gas Instructor Training</p>	
<p>Course description State the purpose and content of the course. Please limit to <u>500</u> characters.</p>	<p>This course is designed to certify medical gas instructors in the delivery of the content required by the Canadian Standards Association (CSA) Code Z-7396.1.09. This code is required for all medical gas installations in Canada to be undertaken by licensed Plumbers or Steamfitters who must show documented proof of training in the CSA code. Limited to United Association instructor program participants.</p>	
<p>Course outcomes List skills and knowledge students will have after taking the course. Assessment method Indicate how student achievement in each outcome will be assessed to determine student achievement for purposes of course improvement.</p>	<p>Outcomes (applicable in all sections)</p> <ol style="list-style-type: none"> 1. Explain Canadian medical installation codes and qualification requirements 2. Effectively use Canadian medical gas and medical vacuum piping system training materials 	<p>Assessment Methods for determining course effectiveness</p> <p>Survey of UA training coordinators/supervisors.</p> <p>Survey of UA training coordinators/supervisors.</p>
<p>Course Objectives Indicate the objectives that support the course outcomes given above.</p> <p>Course Evaluations Indicate how instructors will determine the degree to which each objective is met for each student.</p>	<p>Objectives (applicable in all sections)</p> <p>Outcome 1:</p> <ul style="list-style-type: none"> • Explain Canadian medical installation qualification requirements • Explain Canadian codes and standards governing medical gas <p>Outcome 2:</p> <ul style="list-style-type: none"> • Deliver training on Canadian medical gas and medical vacuum piping system installation • Incorporate UA and vendor provided medical gas training materials into local training 	<p>Evaluation Methods for determining level of student performance of objectives</p> <p>Exam consisting of multiple choice, true/false, fill in the blank and short answer questions.</p> <p>Exam consisting of multiple choice, true/false, fill in the blank and short answer questions.</p> <p>Presentation and demonstration of learned course materials.</p> <p>Presentation and demonstration of learned course materials.</p>

List all new resources needed for course, including library materials.
No new resources, courses are taught at existing UA local training schools.

Student Materials:

<p>List examples of types</p> <p>Texts Supplemental reading Supplies Uniforms Equipment Tools Software</p>	<p>The UA Training Department provides all the necessary books and materials for the students.</p>	<p>Estimated costs</p> <p>\$ 0</p>
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MASTER SYLLABUS

Equipment/Facilities: Check all that apply. (All classrooms have overhead projectors and permanent screens.)

Check level <u>only</u> if the specified equipment is needed for <u>all</u> sections of a course.	<input type="checkbox"/> Off-Campus Sites
<input type="checkbox"/> Level I classroom Permanent screen & overhead projector	<input type="checkbox"/> Testing Center
<input type="checkbox"/> Level II classroom Level I equipment plus TV/VCR	<input type="checkbox"/> Computer workstations/lab
<input checked="" type="checkbox"/> Level III classroom Level II equipment plus data projector, computer, faculty workstation	<input type="checkbox"/> ITV
	<input type="checkbox"/> TV/VCR
	<input type="checkbox"/> Data projector/computer
	<input type="checkbox"/> Other

Assessment plan:

Learning outcomes to be assessed (list from Page 3)	Assessment tool	When assessment will take place (semester & year)	Course section(s)/other population	Number students to be assessed
Explain Canadian medical installation codes and qualification requirements	Survey of UA training coordinators/supervisors.	Spring 2011 for students enrolled in Summer 2010, and every three years thereafter.	All	75% of all students who teach medical gas installation courses on behalf of the local union
Effectively use Canadian medical gas and medical vacuum piping system training materials	Survey of UA training coordinators/supervisors.	Spring 2011 for students enrolled in Summer 2010, and every three years thereafter.	All	75% of all students who teach medical gas installation courses on behalf of the local union

Scoring and analysis of assessment:

1. Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally developed rubric, external evaluation, other). Attach the rubric/scoring guide.

Students' training activities will be scored and evaluated on a survey questionnaire covering both learning outcomes.

2. Indicate the standard of success to be used for this assessment.

Based on the number of students who teach the learned materials in the subsequent year, 75% of them will score an average of satisfactory or above on the survey questionnaires to be completed by UA training coordinators/supervisors.

3. Indicate who will score and analyze the data (data must be blind-scored).

The UA Program Administrator will coordinate with UA training coordinators and the training department about the implementation of the assessment plan and the collection of data from UAT faculty and will discuss the results with UAT faculty.

4. Explain the process for using assessment data to improve the course.

The assessment will be shared with the appropriate UA training coordinators, training department and UAT faculty. The UA Program Administrator will solicit suggestions for improving the results and will work with UA training coordinators, the training department and UAT faculty to make needed changes to improve course content and student performance.