

INTERIM APPROVAL

New Course Request

Indiana University

IUPUI

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

- 1. School/Division Dentistry
- 2. Academic Subject Code DENT-R
- 3. Course Number 964 (must be cleared with University Enrollment Services)
- 4. Instructor Karen Gregson
- 5. Course Title Pharmacology and Therapeutics for graduate dental students

Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)

- 6. First time this course is to be offered (Semester/Year): Fall 2009
- 7. Credit Hours: Fixed at 2.0 or Variable from _____ to _____
- 8. Is this course to be graded S-F (only)? Yes ~~X~~ No X
- 9. Is variable title approval being requested? Yes _____ No X

10. Course description (not to exceed 50 words) for Bulletin publication: _____
This course is a review of the major drug classes that the dental graduate student will encounter in the clinic. Discussion of how the drugs the patient takes impact the practice of dentistry. will be included in the course.

- 11. Lecture Contact Hours: Fixed at 14 weeks (2 x 5/week) or Variable from _____ to _____
- 12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
- 13. Estimated enrollment: 30 of which ~~200~~ 100 percent are expected to be graduate students.
- 14. Frequency of scheduling: _____ Will this course be required for majors? yes
- 15. Justification for new course: There is no pharmacology course offered to graduate students.
- 16. Are the necessary reading materials currently available in the appropriate library? yes
- 17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.
- 18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.
- 19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:

[Signature] Date 5/27/09
Department Chairman/Division Director

Approved by:

[Signature] Date 5/28/09
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

Lecture	Topic	Assessments
1	Pharmacodynamics	
2	Pharmacokinetics	
3	Therapeutics	Homework 1
4	Analgesics	
5	Antibiotics	
6	Anti-virals	
7	Anti-fungals	
8	Autonomic Nervous system drugs	Quiz 1
9	Geriatrics	
10	Central nervous system drugs	
11	Drugs for Cardiovascular Disorders	
12	Drugs for Cardiovascular Disorders	Homework 2
13		Mid-term Exam
14	Drugs for Inflammatory Disorders	
15	Drugs for Respiratory Disorders	
16	Drugs for Diabetes	Homework 3
17	Autocoids	
18	Drugs for Endocrine Disorders	
19	Drugs for GI Disorders	
20	Drugs for Immune System Disorders	
21	Over-the Counter Drugs	Homework 4
22	Drugs for Emergency	
23	Drugs of Abuse	
24	Herbals	
25	Dietary Supplements	
26	Drug Interactions in Dentistry	Homework 5
27	Final Exam Review	
28		Final Exam

Reference Material:

Pharmacology and Therapeutics for Dentistry, 5th edition, Yagiela, editor

Integrated Pharmacology, Updated 2nd edition, Page, editor

Mosby's Dental Drug Reference, 2005, 7th edition

The PowerPoint presentation for each class will be made available through OnCourse.

Instructor: Karen Gregson, RPh, PhD.