

Nikou, Roshan

From: Graduate.Council.Web.Site@www.uky.edu
Sent: Tuesday, September 02, 2008 3:19 PM
To: Nikou, Roshan
Cc: Price, Cleo
Subject: Investigator Report

AnyForm User: www.uky.edu
AnyForm Document: <http://www.research.uky.edu/gc/GCInvestigatorReport.html>
AnyForm Server: www.uky.edu (/www/htdocs/AnyFormTurbo/AnyForm.php)
Client Address: 128.163.192.151

College/Department/Unit: = CNU 611
Category:_ = New
Date_for_Council_Review: = 9-4-08
Recommendation_is:_ = Approve
Investigator: = Chris Schardl
E-mail_Address = schardl@uky.edu
1__Modifications: = N/A
2__Considerations: = N/A
3__Contacts: = N/A
4__Additional_Information: = N/A

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AnyForm/PHP3 0.1

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APPLICATION FOR NEW COURSE

1. Submitted by the College of Health Sciences Date: 10 October 2007

Department/Division proposing course: Clinical Sciences/Clinical Nutrition

2. Proposed designation and Bulletin description of this course:

a. Prefix and Number CNU 611

b. Title* Advanced Medical Nutrition Therapy

*If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:

Adv Medical Nutr Therapy

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 RESEARCH RESIDENCY
 SEMINAR STUDIO OTHER – Please explain: Blackboard/Distance Learning

d. Please choose a grading system: Letter (A, B, C, etc.) Pass/Fail

e. Number of credit hours: 2

f. Is this course repeatable? YES NO If YES, maximum number of credit hours: _____

g. Course description:

The overall course objective is for the advanced health care professional to gain an in-depth working knowledge and set of skills in medical nutrition therapy of acute and chronic conditions, including pediatrics that builds upon previous applied nutrition course work and/or experience.

h. Prerequisite(s), if any:

Pgy 206 or Equivalent;

BCH 401G or Equivalent; Advanced Nutrition Course or Consent of Instructor

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: N/A
Prefix and Number

Signature of chair of cross-listing department

APPLICATION FOR NEW COURSE

5. Requested effective date (term/year): Fall / 2008
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?
Currently there is no advanced level of training in medical nutrition therapy especially for pediatric conditions.
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9. a. By whom will the course be taught? Maria G. Boosalis, Ph.D., MPH, R.D., L.D.
- 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?
10
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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.
Other health professionals e.g., medicine, nursing, physician assistants
-
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? YES NO
If YES, please name: _____
16. Will adding this course change the degree requirements for ANY program on campus? YES NO
If YES[†], list below the programs that will require this course:
Masters of Science in Nutritional Sciences, Emphasis area Clinical Nutrition


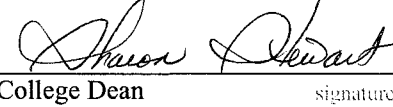
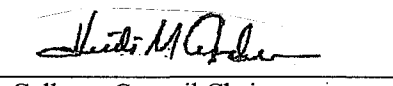
APPLICATION FOR NEW COURSE

‡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. Check box if course is 400G- or 500-level. 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: Maria G. Boosalis Phone: 3231100x80863 Email: mgboos01@uky.edu

20. Signatures to report approvals:

<p style="text-align: center;"><u>12/19/07</u></p> <p style="text-align: center;">DATE of Approval by Department Faculty</p>	<p style="text-align: center;"><u>323-1100 x 80585</u> <u>Karen O. Staff, Ph.D.</u> / </p> <p style="text-align: center;">printed name Reported by Department Chair signature</p>
<p style="text-align: center;"><u>2-06-08</u></p> <p style="text-align: center;">DATE of Approval by College Faculty</p>	<p style="text-align: center;"><u>Sharon Stewart</u> / </p> <p style="text-align: center;">printed name Reported by College Dean signature</p>
<p style="text-align: center;">* DATE of Approval by Undergraduate Council</p>	<p style="text-align: center;">/</p> <p style="text-align: center;">printed name Reported by Undergraduate Council Chair signature</p>
<p style="text-align: center;">* DATE of Approval by Graduate Council</p>	<p style="text-align: center;">/</p> <p style="text-align: center;">printed name Reported by Graduate Council Chair signature</p>
<p style="text-align: center;"><u>7/15/08</u></p> <p style="text-align: center;">* DATE of Approval by Health Care Colleges Council (HCCC)</p>	<p style="text-align: center;"><u>Heidi Anderson</u> / </p> <p style="text-align: center;">printed name Reported by Health Care Colleges Council Chair signature</p>
<p style="text-align: center;">* DATE of Approval by Senate Council</p>	<p style="text-align: center;">Reported by Office of the Senate Council</p>
<p style="text-align: center;">* DATE of Approval by University Senate</p>	<p style="text-align: center;">Reported by Office of the Senate Council</p>

*If applicable, as provided by the *University Senate Rules*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)

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<p style="text-align: center;"><u>12/19/07</u></p> <p>DATE of Approval by Department Faculty</p> <p style="text-align: center;"><u>Jennifer Brueckner</u></p> <p>DATE of Approval by College Faculty</p> <p style="text-align: center;"><u>3-10-08</u></p> <p>* DATE of Approval by Undergraduate Council <i>Curriculum Committee</i></p> <hr/> <p>* DATE of Approval by Graduate Council</p> <hr/> <p>* DATE of Approval by Health Care Colleges Council (HCCC)</p> <hr/> <p>* DATE of Approval by Senate Council</p> <hr/> <p>* DATE of Approval by University Senate</p>	<p style="text-align: right; margin-right: 20px;"><i>lisa Cassis</i></p> <p style="text-align: center;"><u>B23-1100 X80585</u></p> <p style="text-align: center;"><u>Karen O. Staff Ph.D.</u></p> <p>Reported by Department Chair</p> <hr/> <p style="text-align: center;"><u>Jay A. Perman M.D.</u></p> <p>Reported by College Dean</p> <hr/> <p style="text-align: center;"><u>Darrell Jennings M.D.</u></p> <p>Reported by Undergraduate Council Chair <i>Curriculum Committee</i></p> <hr/> <p style="text-align: center;">/</p> <p>Reported by Graduate Council Chair</p> <hr/> <p style="text-align: center;">/</p> <p>Reported by Health Care Colleges Council Chair</p> <hr/> <p style="text-align: center;">/</p> <p>Reported by Office of the Senate Council</p> <hr/> <p style="text-align: center;">/</p> <p>Reported by Office of the Senate Council</p>
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CNU 611 Advanced Medical Nutrition Therapy

Location: Blackboard Distance Learning

Course Instructor: Maria G. Boosalis, Ph.D., MPH, R.D., L.D.

The **overall course objective** is for the advanced health care professional to gain an in-depth working knowledge and set of skills in medical nutrition therapy that builds upon previous applied nutrition course work and/or experience.

The **specific course objectives** are for the advanced health care professional to:

- (a) Assess for nutritional adequacy using anthropometric, biochemical, clinical, dietary, and environmental components i.e., the "A, B, C, D, and E's" of a nutritional assessment and how to obtain such information in a clinical setting.
- (b) Describe the role of medical nutrition therapy in pediatrics, from basic, healthy eating principles to select pediatric disorders.
- (c) Describe the role of medical nutrition therapy in various acute and chronic disorders addressed in advanced nutrition practice.

Entire course is web-base delivered via Distance Learning utilizing Blackboard. The students are expected to complete all posted lessons, readings, assignments, on-line web-based discussion sections, research papers and/or examinations as outlined on this syllabus. All lectures/topics are 2 hours in length or time/topic equivalent assignments. The following topics will be covered in assigned readings, case studies, web-based PowerPoint presentations and/or assignments, and/or self-guided library study as needed.

- (1) Review: A-E's of Nutritional Assessment, Medical Nutrition Therapy and the Nutrition Care Process
- (2) Overview of Infant, Pediatric and Adolescent Nutrition
- (3) Overview of Nutritional 'Formulas' from Infant to Enteral to Parenteral
- (4) Medical Nutrition Therapy for Pediatric Disorders
- (5) Medical Nutrition Therapy for Pediatric Disorders, con't
- (6) Medical Nutrition Therapy for Pediatric Disorders, con't
- (7) Medical Nutrition Therapy for Primary/Secondary Gastrointestinal Disorders
- (8) **Examination #1: Lectures 1-7**
- (9) Medical Nutrition Therapy for Hepatic, Pancreatic, Biliary Disorders
- (10) Medical Nutrition Therapy for Endocrine Disorders
- (11) Medical Nutrition Therapy for Congestive Heart Failure
- (12) Medical Nutrition Therapy for Renal Disorders
- (13) Medical Nutrition Therapy for Hematopoetic and Stem Cell Transplants
- (14) Medical Nutrition Therapy for Morbid Obesity
- (15) Medical Nutrition Therapy for Alzheimer's Disease/Neurologic Disorders
- (16) Medical Nutrition Therapy for the Systemic Inflammatory Response and Multiple Organ Dysfunction Syndrome
- (17) **Final Examination: Comprehensive with emphasis on Lectures 9-16**

Required Text: Sylvia Escott-Stump, *Nutrition and Diagnosis-Related Care*, 6th edition, Lippincott, Williams & Wilkins, 2008; other readings as assigned.

EVALUATION/GRADING: Students will be held responsible for all the material in any assigned readings whether or not their content is covered in the class lectures.

GRADING POLICY **Total Points= 200**

Distribution:	Examination #1	90 points
	Final Examination	110 points

Grade Assignment:

A= 90-100%
B= 80-89.99%
C= 70-79.99%
E= <70%

This grading scale may be curved at the end of the semester to account for natural break points.

General Information: "Policies related to excused absences, cheating/plagiarism, withdrawal, incompletes, final exams and common exams can be found in your copy of Student Rights and Responsibilities. Policies are also described in the Nutritional Sciences student handbook. As students and faculty in the University of Kentucky, we are all responsible for adhering to these policies."