Course Information

Date Submitted: 12/2/2015

Current Prefix and Number: HA - Health Administration, HA 623 OPERATIONS ANALYSIS AND MANAGEMENT

Other Course:

Proposed Prefix and Number: CPH 683

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

1. General Information

a. Submitted by the College of: PUBLIC HEALTH

b. Department/Division: Master Health Administration

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Andrea Perkins

Email: andrea.perkins@uky.edu

Phone: 218-2021

Responsible Faculty ID (if different from Contact)

Name: Martha Riddell

Email: martha.riddell@uky.edu

Phone: 218-2012

f. Requested Effective Date

Semester Following Approval: Yes OR Effective Semester:

2. Designation and Description of Proposed Course

a. Current Distance Learning (DL) Status: N/A

b. Full Title: OPERATIONS ANALYSIS AND MANAGEMENT

Proposed Title: HEALTH CARE OPERATIONS MANAGEMENT

c. Current Transcript Title: OPERATIONS ANALYSIS AND MANAGEMENT

Proposed Transcript Title: HEALTH CARE OPERATIONS MANAGEMENT



d. Current Cross-listing: none

Proposed - ADD Cross-listing:

Proposed - REMOVE Cross-listing:

e. Current Meeting Patterns

LECTURE: 3

Proposed Meeting Patterns

LECTURE: 3

f. Current Grading System: Graduate School Grade Scale

Proposed Grading System: Graduate School Grade Scale

g. Current number of credit hours: 3

Proposed number of credit hours: 3

h. Currently, is this course repeatable for additional credit? No

Proposed to be repeatable for additional credit? No

If Yes: Maximum number of credit hours:

If Yes: Will this course allow multiple registrations during the same semester? No

2i. Current Course Description for Bulletin: This course covers the basics of operations improvement from project selection through process and outcomes evaluation. The focus is on strategic decision making, under conditions of uncertainty, risk, and multiple objectives, as well as change implementation using teams.

Proposed Course Description for Bulletin: SAME

2j. Current Prerequisites, if any: Prereq: HA 621 or permission of instructor.

Proposed Prerequisites, if any: SAME

2k. Current Supplementary Teaching Component:

Proposed Supplementary Teaching Component:

3. Currently, is this course taught off campus? No

Proposed to be taught off campus? No

If YES, enter the off campus address:

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rational:

5a. Are there other depts, and/or pgms that could be affected by the proposed change? No

If YES, identify the depts, and/or pgms:

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No

Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

- 1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?
- 2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.
- 3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.
- 4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

- 5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?
- 6. How do course requirements ensure that students make appropriate use of learning resources?
- 7.Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.
- 8.How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (http://www.uky.edu/UKIT/)?
- 9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

- 10. Does the syllabus contain all the required components? NO
- 11.1, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE|ALHAYS0|Andrea L Perkins|HA 623 CHANGE College Review (MINOR CHANGE)|20151201 SIGNATURE|JEL224|Janie S Ellis|HA 623 CHANGE Senate Council Review (MINOR CHANGE)|20151202 SIGNATURE|JEL224|Janie S Ellis|HA 623 CHANGE Approval Returned to Dept (MINOR CHANGE)|20151203

Course Change Form

	nt or save				9	enerate R
schments:						
Bro	wse	Upload File				-
ID At	tachment					
lete 5913 MHA Course	Change Proposa	al.pdf				
First 1	Last					
	N	OTE: Start form entry by cho		t Prefix and Numbe	r	
	HA - Health A		required fields)	Proposed Prefix & Nur	nhor	
Current Prefix and		RATIONS ANALYSIS AND MANAG	The second secon	(example: PHY 401G)	CPH 683	3
Number:				Check if same as c	urrent	
				Change		
				- Add Distance Learni	ng thin the same hundred s	eries, exc
			799 is th	e same "hundred serie:	3"	
What type of change	is being proposed	1?		 editorial change in co in content or emphasis 	urse title or description v	which doe
			□Mino	r - a change in prerequi	site(s) which does not im	ıpły a cha⊩
			course or signif	content or emphasis, or cant alteration of the pr	which is made necessar erequisite(s)	y by me e
			☐Mino	r - a cross listing of a co	urse as described above	
Should this course be	a UK Core Cours	se? ⊙ Yes ® No				
If YES, check the ar	eas that apply:					
☐ Inquiry - Arts & C	reativity	Composition & Communicati	ons - il	-		
C) Inquiry - Humanit	ies	Quantitative Foundations				
Inquiry - Nat/Mat		Statistical Inferential Reason	ing			
☐ Inquiry - Social S		U.S. Citizenship, Community	, Diversity			
☐ Composition & C	communications -	I 🔲 Global Dynamics				
		I 🖺 Global Dynamics				
General Informati		I El Global Dynamics				
	on			Submission Date	e: 12/2/2015	
. General Informati	on lege of: PUBLIC		ion	Submission Date	e: 12/2/2015	
General Informati Submitted by the Col Department/Division:	on lege of: PUBLIC	HEALTH Master Health Administrati	ion	Submission Date	e: 12/2/2015	
General Informati Submitted by the Col Department/Division: Is there a change in	on lege of: PUBLIC	HEALTH Master Health Administrati		Submission Dat	9: 12/2/2015 	
General Informati Submitted by the Col Department/Division: * Is there a change in ' 'Yes 'No If Y	on lege of: PUBLIC 'ownership" of the ES, what college/	HEALTH Master Health Administrati	stead? Select	Submission Date		
General Informati Submitted by the Col Department/Division: Is there a change in Yes ® No If Y	on lege of: PUBLIC cownership of the ES, what college/	HEALTH Master Health Administrati Course? department will offer the course in	stead? Select		(₹)	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If y * Contact Person Na * Responsible Facult	on lege of: PUBLIC 'ownership" of the ES, what college/ me: y ID (if different fro	HEALTH Master Health Administration Course? Master Health Administration Course in Andrea Perkins	stead? Select Email: andrea.pe	kins@uky.edu Phone: 2 Jell@uky.edu Phone: 2	(₹)	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If y * Contact Person Na * Responsible Facult	on lege of: PUBLIC cownership" of the ES, what college/ me: y ID (if different free Date:	HEALTH Master Health Administraticourse? Master Health Administraticourse of the course in Andrea Perkins om Contact) Martha Riddell Semester Follow	stead? Select Email: andrea.pe	kins@uky.edu/Phone: 2 dell@uky.edu Phone: 2	[8-2021 18-2012	
General Informati Submitted by the Col Department/Division: Is there a change in ' Yes No If Y * Contact Person Na * Responsible Facult Requested Effective	on lege of: PUBLIC cownership" of the ES, what college/ me: y ID (if different free Date:	HEALTH Master Health Administraticourse? Master Health Administraticourse of the course in Andrea Perkins om Contact) Martha Riddell Semester Follow	stead? Select Email: andrea.per Email: martha.rid	kins@uky.edu/Phone: 2 dell@uky.edu Phone: 2	[8-2021 18-2012	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If y * Contact Person Na * Responsible Facult Requested Effective Designation and De	lege of: PUBLIC connership" of the ES, what college/ me: y ID (if different fro Date:	Master Health Administraticourse? department will offer the course in Andrea Perkins om Contact) Martha Riddell (7) Semester Follow posed Course.	stead? Select Email: andrea.pe	kins@uky.edu Phone: 2 dell@uky.edu Phone: 2 OR Sp	[8-2021 18-2012	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If y * Contact Person Na * Responsible Facult Requested Effective Designation and De	lege of: PUBLIC connership" of the ES, what college/ me: y ID (if different fro Date:	Master Health Administraticourse? department will offer the course in Andrea Perkins om Contact) Martha Riddell (7) Semester Follow posed Course.	stead? Select Email: andrea.per Email: martha.rid Ing Approval	kins@uky.edu Phone: 2 dell@uky.edu Phone: 2 OR Sp	[8-2021 18-2012	
General Informati Submitted by the Col Department/Division: Is there a change in ' Yes ® No If y * Contact Person Na * Responsible Facult Requested Effective Designation and Designation and Designation and Designation	lege of: PUBLIC covereship" of the ES, what college/ me: y ID (if different fre Date: escription of Properties	HEALTH Master Health Administraticourse? Master Health Administraticourse Course Andrea Perkins Om Contact) Martha Riddell (Semester Follow) Dosed Course.	stead? Select Email: andrea.pei Email: martha.rid ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu Phone: 2 OR Sp OR Sp	18-2021 18-2012 ecific Term: ²	osed chance
General Informati Submitted by the Col Department/Division: Is there a change in ' Yes ® No If y * Contact Person Na * Responsible Facult Requested Effective Designation and Designation and Designation and Designation	lege of: PUBLIC covereship" of the ES, what college/ me: y ID (if different fre Date: escription of Properties	Master Health Administraticourse? department will offer the course in Andrea Perkins om Contact) Martha Riddell (7) Semester Follow posed Course.	stead? Select Email: andrea.pei Email: martha.rid ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu Phone: 2 OR Sp OR Sp	18-2021 18-2012 ecific Term: ²	osed chang
General Informati Submitted by the Col Department/Division: Is there a change in ' Yes No If Y * Contact Person Na '* Responsible Facult Requested Effective Designation and Designation	lege of: PUBLIC cownership" of the ES, what college/ me: y ID (if different fro Date: sscription of Prop arming(DL) Status:	HEALTH Master Health Administraticourse? Idepartment will offer the course in Andrea Perkins om Contact) Martha Riddell The Semester Following posed Course.	stead? Select Email: andrea.pei Email: martha.rid ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu Phone: 2 OR Sp OR Sp	18-2021 18-2012 ecific Term: ² ng this box) that the properties the properties of the properties o	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If Y * Contact Person Na * Responsible Facult Requested Effective Designation and D	lege of: PUBLIC cownership" of the ES, what college/ me: y ID (if different fro Date: sscription of Prop arming(DL) Status:	HEALTH Master Health Administraticourse? Master Health Administraticourse Course Andrea Perkins Om Contact) Martha Riddell (Semester Follow) Dosed Course.	stead? Select Email: andrea.per Email: martha.rid Ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu Phone: 2 OR Sp OR Sp	i8-2021 i8-2012 ecific Term: ²	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If Y * Contact Person Na * Responsible Facult Requested Effective Designation and De Current Distance Lea *If already approved f affect DL delivery.	lege of: PUBLIC cownership" of the ES, what college/ me: y ID (if different fro Date: sscription of Prop arming(DL) Status:	HEALTH Master Health Administraticourse? Idepartment will offer the course in Andrea Perkins om Contact) Martha Riddell The Semester Following posed Course.	stead? Select Email: andrea.per Email: martha.rid Ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu /Phone: 2 OR Sp ved for DL*	18-2021 18-2012 ecific Term: ² ng this box) that the properties the properties of the properties o	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If y * Contact Person Na * Responsible Facult Requested Effective Designation and De Current Distance Lea *If already approved f affect DL delivery. Full Title:	lege of: PUBLIC Cownership" of the ES, what college/ me: y ID (if different fro Date: scription of Prop arning(DL) Status: or DL, the Distance	HEALTH Master Health Administraticourse? Idepartment will offer the course in Andrea Perkins om Contact) Martha Riddell The Semester Following posed Course.	stead? Select Email: andrea.per Email: martha.rid Ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu /Phone: 2 OR Sp ved for DL*	18-2021 18-2012 ecific Term: ² ng this box) that the properties the properties of the properties o	
General Informati Submitted by the Col Department/Division: Is there a change in Yes No If Y Contact Person Na Responsible Facult Requested Effective Designation and De 'If already approved faffect DL delivery. Full Title: Current Transcript	lege of: PUBLIC Townership" of the ES, what college/ me: y ID (if different from Date: scription of Properties arming(DL) Status: OPERATIONS	Master Health Administraticourse? department will offer the course in Andrea Perkins om Contact) Martha Riddell (7) Semester Follow posed Course.	stead? Select Email: andrea.pei Email: martha.rid ing Approval	kins@uky.edu/Phone: 2 dell@uky.edu /Phone: 2 OR Sp ved for DL* tment affirms (by checkle) Proposed Title: *	I8-2021 I8-2012 ecific Term: ² ecific Term: ² eng this box) that the proper HEALTH CARE OPERAT MANAGEMENT	

	Proposed – AL	DE Cross-listing (Frenx	& Number):					
	<u>'</u>	EMOVE ^{3,4} Cross-listing (· · ·
j	Courses mus	t be described by <u>at lea</u>	st one of the me	eting patterns b	elow. Include n	umber of actual o	ontact hours ⁵ for each n	neeting patterr
rrei	nt:	Lecture	Laborator	y ^{<u>5</u>}	Recita	ation	Discussion	Indep. Stud
_		3	Colleguiu	<u> </u>	Practi	cum	Research	Residency
		Clinical	Colloquiur	<u>n</u>	Place	CUITI	TKESEAIOIT	Kealdeney
		Seminar	Studio		Other	:	Please explain:	
		Lecture	Laborator		Recita	ation	Discussion	Indep. Stud
opo	sed: *	3	Caporatur	У				
_		Clinical	Colloquiur	m	Practi	icum	Research	Residency
		Seminar	Studio	<u> </u>			<u>. II </u>	
		Octimization			Other		Please explain:	
Ī	Current Gradi	ing System:		Graduate School	Grade Scale			
	Proposed Grad	ding System:*		○ Letter (A, B, C ○ Pass/Fall ○ Medicine Num ⑨ Graduate Sch	eric Grade (Non		will receive a letter grade)	
-	Current numb	per of credit hours:			3	i i	Proposed number of credit hours:*	3
	Currently, is t	his course repeatable i	or additional cre	dit?				⊕ Yes ® N
	Proposed to b	e repeatable for addition	al credit?					⊙ Yes ⊚ N
	If YES:	Maximum number	of credit hours:					
T	If YES:	Will this course all	ow multiple registr	rations during the	same semester	?		े Yes ® N
	Current Course This course evaluation.	se Description for Bulle	etin: of operations strategic decis	improvement f	rom project	selection thro	ugh process and outco inty, risk, and multi	mes
	Current Course This course evaluation. objectives,	se Description for Bulle covers the basics The focus is on s	etin: of operations trategic decig implementation	improvement f	rom project	selection thro	ugh process and outco	mes
	Current Course This course evaluation. objectives,	se Description for Bulle e covers the basics The focus is on s as well as change	etin: of operations trategic decig implementation	improvement f	rom project	selection thro	ugh process and outco	mes
	Current Course evaluation objectives, Proposed Course	se Description for Bulle covers the basics The focus is on s as well as change as well as change	etin: of operations trategic decis implementation	improvement f	rom project	selection thro	ugh process and outco	mes
	Current Course evaluation objectives, Proposed Course	se Description for Bulle	etin: of operations trategic decis implementation	improvement f	rom project	selection thro	ugh process and outco	mes
	Current Course evaluation objectives, Proposed Course Prereq: HA	se Description for Bulle covers the basics The focus is on s as well as change as well as change	etin: of operations trategic decis implementation	improvement f	rom project	selection thro	ugh process and outco	mes
	Current Course evaluation objectives, Proposed Course Same Current Prere Prereq: HA	equisites, if any:	etin: of operations trategic decis implementation	improvement f	rom project	selection thro	ugh process and outco	mes

	Proposed Supplementary Teaching Component:	○ Commu ○ Service ○ Both ○ No Cha	
3.	Currently, is this course taught off campus?		○ Yes ® N
*	Proposed to be taught off campus?		○ Yes ⑨ N
	If YES, enter the off campus address:		
4.*	Are significant changes in content/student learning outcomes of	the course being proposed?	○ Yes ® ħ
	If YES, explain and offer brief rationale:		
5.	Course Relationship to Program(s).		
a.*	Are there other depts and/or pgms that could be affected by the	proposed change?	○ Yes ⓒ N
b.*	Will modifying this course result in a new requirement ² for ANY p	program?	○ Yes ⑩ N
	If YES ^Z , list the program(s) here:		
6.	Information to be Placed on Syllabus.	e you must send in a syllabus and you must include the o	differentiation between under
a.	Check box if changed to 400G or 500. Check box if changed to 400G or 500. Check box if changed to 400G or 500. If changed to 400G or 500-level course graduate students by: (i) requiring additional course for graduate students. (See SR	tional assignments by the graduate students; and/or (ii) e	stablishing different grading

See comment description regarding minor course change. Minor changes are sent directly from dean's office to Senate Council Chair. If Chair deems the change as "not minor," the form will appropriate academic Council for normal processing and contact person is informed.

*Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

*Signature of the chair of the cross-listing department is required on the Signature Routing Log.

*Removing a cross-listing does not drop the other course – It merely unlinks the two courses.

© Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting gene least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

*A You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

*In order to change a program, a program change form must also be submitted.



Department of Health Management and Policy 111 Washington Avenue, Suite 105 Lexington KY 40536-0003 (859) 218-2094 phone (859) 257-2821 fax http://www.mc.uky.edu/PublicHealth

MEMORANDU M

TO:

Graduate Council

University Senate Council

University Senate

FROM:

Kathryn Cardarelli, PhD, Associate Dean for Academic

and Student Affairs

Tyrone Borders, PhD, Chair

Martha C. Riddell, DrPH, DGS, MHA Degree

SUBJECT:

Course Numbering Changes

DATE:

May 14, 2015

In an effort to significantly decrease administrative tasks and confusion related to the same course being taught under multiple course numbers, as well as courses not taught in years, we submit this multi-course change proposal to clean up numbering related to these courses.

The intent is to renumber the HA courses used in the Master of Health Administration degree curriculum using CPH prefixes within their own 600-700 numbering sequence.

We submit the course changes as minor based on the following:

- 1. Any changes in number level (e.g., 6XX to 7XX or the reverse) will not involve any change in course content, organization, or rigor;
- 2. Any change in title (there are 4) will not involve any change in course content, organization, or rigor;
- 3. Senate Rule 2 supports all changes as minor.

Once these course number changes are approved, our intent is to submit program changes to replace the old course numbers with the new in the MHA curriculum.

Please feel free to contact either of us, or Andrea Perkins, Academic Affairs Administrator, if additional information is needed.

From: To: Perkins, Andrea L Holsinger, James RE: Sheil Brothers

Subject: Date:

Monday, February 10, 2014 2:34:00 PM

Ok, thanks

Andrea Perkins University of Kentucky College of Public Health

From: Holsinger, James

Sent: Monday, February 10, 2014 2:04 PM

To: Perkins, Andrea L Subject: Sheil Brothers

See below.

From: Brothers, Sheila C

Sent: Wednesday, May 15, 2013 5:05 PM **To:** Jackson, Brian A; Holsinger, James

Cc: Lindsay, Jim D.; Timoney, David M; Patterson, Matt

Subject: RE: A Question

Hello – I've CC'd two colleagues in the Registrar's office so they can offer input if they'd like.

If I may, I'd like to rephrase to make sure I understand: there are a plethora of "inherited" course prefixes and numbers now owned by Public Health, and the intent is to streamline both the prefixes and numbers. There may be a few title changes, as well.

Procedurally, I wholeheartedly approve sending in the changes in tabular form, within a few guidelines. As mentioned below, anything other than a title, prefix or number change will be submitted *separately* from the omnibus change. The table will include the current course prefix, number and title, with three additional columns for the proposed prefix, number and title. If there is no title change, that particular cell will have the text "NA."

Something not mentioned – the Registrar's office does not have access to technology that allows for a "global search, copy and paste" mechanism when course prefixes are changed. Therefore, each department/program will need to submit a program change form to get the "new" prefixes into the program descriptions in the Bulletin.

Practically, I have a comment or two. (My apologies if these have already been considered.) It is common practice for each *department* in a college to have its own prefix. For example, the Department of Biology has BIO. There are some rather large, diverse departments, which have a prefix for individual *programs*. This is less common, but still acceptable. For example, the Department of Modern and Classical Languages, Literature and Cultures owns prefixes in GER, CHI, HJS, RUS, etc. Thus, it's worth examining the benefit of having a prefix for each specific department, or for each program.

I can easily see the confusion that will result from (random guess here) converting 100 courses with 6 different prefixes into 100 courses with the same prefix. It will be very, very difficult for college faculty and staff to readily understand which course goes with which program, unless everyone has a cheat sheet to use. ("Okay, so help me remember – is PBH 623 required for the Gerontology program, or is it PBH 632?") Having a unique program identifier (prefix) for courses may also be helpful for students.

If there is still a desire to change all prefixes to one common prefix, I suggest this be done in two phases. The first phase would involve changes to courses, which will start and finish in the 13-14 year, to be effective fall 2015. The second phase will take place upon completion of approval of all course changes — this phase will take place in 14-15, and be where the programs are changed, again for a fall 2015 effective date. I understand that this is a very long time frame, but having sufficient time to be sure one phase is complete prior to the beginning of the next phase is going to take some time. I have worked through a number of program-and-prefix-changes, and it can get very confusing, very quickly.

One other option is to leave the prefixes as is, but concentrate on standardizing the number series from one program to another. This too, however, will require program change forms for each program. If this is done, a program and associated courses can be done in parallel, instead of using the two-phase approach. The parallel approach works here because the courses will be more easily identified.

I am happy to talk on the phone or in person about this further. I do not mean to dissuade you from your original plan of action, but I did want to offer some opinions about possible unintended consequences.

Best regards, Sheila

Staff Representative to the Board of Trustees
Office of the Senate Council
Phone: (859) 257-5872

From: Jackson, Brian A

Sent: Wednesday, May 15, 2013 3:55 PM

To: Brothers, Sheila C **Cc:** Holsinger, James **Subject:** FW: A Question

Hi Sheila:

Dr. Holsinger's proposal would be absolutely fine with Graduate Council; please let us know if it would also work for Senate Council.

Many thanks,

From: Holsinger, James

Sent: Tuesday, May 14, 2013 9:22 AM

To: Jackson, Brian A **Subject:** A Question

Brian: The College of Public Health has a course prefix and numbering system that is legacy in nature. We took course prefixes and numbers from the College of Medicine, College of Health Sciences, Graduate Center for Gerontology, and the Martin School. I would like to rationalize all of these by moving toward a common College prefix where possible as well as setting up a two tier (600-level, 700-level) numbering system. All of the courses that would be affected would require coming to the Graduate Council. We would probably want to update (modernize) some of the course titles. My questions is - can I do this using a spreadsheet approach where the current course prefix, number, and title are on one side of the spreadsheet with the corresponding recommendation for prefix, number change, and title (same or changed) on the other side? If this makes sense what I would propose would be to submit the spreadsheet with the rationale for what we are doing for approval by the Graduate Council and on to whoever else needs to approve such changes. I think this approach would make it much easier for the Registrar's Office to make the changes when the time comes. We do not anticipate any changes to syllabi or the creation of any new courses. If some courses are cross listed we would recommend making any of those changes through the usual process. Thanks for all of your help! Jim

James W. Holsinger Jr., MD, PhD
Associate Dean for Academic Affairs
Wethington Endowed Chair in the Health Sciences
College of Public Health
111 Washington Avenue, Suite 107
Lexington KY 40536-0003
859-323-6314 (O)
859-257-2821 (FAX)
jwh@uky.edu

COURSE CHANGE FORM

1. G	ieneral	l Information				
a. S	ubmitt	ted by the Colleg	e of: Public Healti	n To	day's Date: 5/12/2	015
b. D	epartr	ment/Division:	Health Management	and Policy	en e	
c. Is	there	a change in "ow	nership" of the cours	e? YES	□ NO ⊠]
. If	YES, v	what college/dep	artment will offer the	course instead?		
d. V	Vhat ty	pe of change is l	being proposed?	Major 🔀 Mino)r1	
e. C	ontact	Person Name:	Andrea Perkins	Email: and	rea.perkins@uky.edu F	hone: 218-2021
f. R	eques	ted Effective Dat	e: 🛛 Semester Fol	lowing Approval	OR Specific To	erm ² :
2. D	esigna	ation and Descrip	otion of Proposed Co	urse		
a. C	urrent	t Prefix and Num	ber: HA XXX	Proposed Prefix & N	umber: CPH	XXX
b. F	ull Titl	e: <multiple co<="" td=""><td>ourses></td><td>Proposed Title: <m< td=""><td>ultiple courses></td><td></td></m<></td></multiple>	ourses>	Proposed Title: <m< td=""><td>ultiple courses></td><td></td></m<>	ultiple courses>	
c. C	urrent	t Transcript Title	(if full title is more th	an 40 characters):	<multiple courses=""></multiple>	
c. P	ropose	ed Transcript Titl	e (if full title is more t	han 40 characters):	<multiple courses=""></multiple>	
d. C	Current	t Cross-listing:	⊠n/a OR C	urrently Cross-listed wit	h (Prefix & Number):	
P	ropose	ed - ADD Cros	s-listing (Prefix & Nur	nber):		
	Propose Jumbe	_	^{3,4} Cross-listing (Prefix	&		
			bed by <u>at least one</u> of g and pattern type. <		pelow. Include number	of actual contact
	ours ⁵				Discussion	of actual contact Indep. Study
h	ours ⁵	for each meeting	g and pattern type. <	multiple courses>		
h	ours ⁵	for each meeting Lecture	g and pattern type. < Laboratory ⁵	multiple courses> Recitation	Discussion Research	Indep. Study
h	nours⁵ i	for each meeting Lecture Clinical	g and pattern type. < Laboratory ⁵ Colloquium	multiple courses> Recitation Practicum	Discussion Research	Indep. Study
h Currei	nours⁵ i	for each meeting Lecture Clinical Seminar	g and pattern type. < Laboratory ⁵ Colloquium Studio	multiple courses> Recitation Practicum Other - Please expla	Discussion Research in:	Indep. Study Residency
h Currei	nours⁵ i	for each meeting Lecture Clinical Seminar Lecture	g and pattern type. < Laboratory ⁵ Colloquium Studio Laboratory	multiple courses> Recitation Practicum Other - Please expla	Discussion Research in: Discussion Research	Indep. Study Residency Indep. Study
h Currei	nours⁵ i	for each meeting Lecture Clinical Seminar Lecture Clinical	E and pattern type. < Laboratory Colloquium Studio Laboratory Colloquium	multiple courses> Recitation Practicum Other - Please expla Recitation Practicum	Discussion Research in: Discussion Research	Indep. Study Residency Indep. Study
h Curren	nours ⁵ nt: osed:	for each meeting Lecture Clinical Seminar Lecture Clinical Seminar	E and pattern type. < Laboratory Colloquium Studio Laboratory Colloquium	multiple courses> Recitation Practicum Other – Please expla Recitation Practicum Other – Please expla	Discussion Research in: Discussion Research	Indep. Study Residency Indep. Study
Propo	nt: osed:	Lecture Clinical Seminar Lecture Clinical Seminar	Laboratory ⁵ Colloquium Studio Laboratory Colloquium Studio	multiple courses> Recitation Practicum Other – Please expla Recitation Practicum Other – Please expla	Discussion Research in: Discussion Research in: Yes No	Indep. Study Residency Indep. Study
Propo	nt: osed:	Lecture Clinical Seminar Lecture Clinical Seminar	Laboratory ⁵ Colloquium Studio Laboratory Colloquium Studio	Recitation Practicum Other – Please expla Recitation Practicum Other – Please expla Core requirement? The properties of the propert	Discussion Research in: Discussion Research in: Yes No	Indep. Study Residency Indep. Study
Propo	nt: osed:	Lecture Clinical Seminar Lecture Clinical Seminar	Laboratory ⁵ Colloquium Studio Laboratory Colloquium Studio Proposed to fulfill a Ukatapply and attach a collaboratory & Creativity	Recitation Practicum Other – Please expla Recitation Practicum Other – Please expla Core requirement? The properties of the propert	Discussion Research in: Discussion Research in: Yes No Area of Inquiry Form: & Communications - II	Indep. Study Residency Indep. Study

COURSE CHANGE FORM

	Inquiry - Social Sciences	U.S. Citizenship, Community, Divers	ity	
	Composition & Communications - I	Global Dynamics		
f.	Current Grading System:	Pass/Fai		
g.	Current number of credit hours: Prop	osed number of credit hours:		
	Currently, is this course repeatable for additional credit	?	YES 🗌	NO 🗌
h.	Proposed to be repeatable for additional credit?		YES 🔲	NO 🗌
	If YES: Maximum number of credit hours:			
	If YES: Will this course allow multiple registrations	during the same semester?	YES 🔲	NO 🗌
i.	. Current Course Description for Bulletin: <multiple co<="" th=""><th>ourses></th><th></th><th></th></multiple>	ourses>		
	Proposed Course Description for Bulletin: <multiple co<="" th=""><th>ourses></th><th></th><th></th></multiple>	ourses>		
j.	. Current Prerequisites, if any: <multiple courses=""></multiple>			
	Proposed Prerequisites, if any: <multiple courses=""></multiple>			•
k.	. Current Distance Learning (DL) Status: 🔲 N/A 🔲 A	Iready approved for DL* Ple	ase Add ⁶	Please Drop
	*If already approved for DL, the Distance Learning Form must this box () that the proposed changes do not affect DL delive		tment affirms (by	checking
l.	. Current Supplementary Teaching Component, if any:	Community-Based Experience	Service Learnin	ng 🔲 Both
	Current Supplementary Teaching Component, if any:	Community-Based Experience	Service Learnin	ng Both
3.	Currently, is this course taught off campus?		YES 🗌	NO 🔀
	Proposed to be taught off campus?		YES 🗌	NO 🔀
4.	Are significant changes in content/teaching objectives	of the course being proposed?	YES 🗌	NO 🔀
	If YES, explain and offer brief rationale:			
5.	Course Relationship to Program(s)			
a.	. Are there other departments and/or programs that could	be affected by the proposed char	nge? YES] NO⊠
	If YES, identify the departments and/or programs			
b.	. Will modifying this course result in a new requirement	⁷ for ANY program?	YES 🗌	NO 🖂
	If YES ⁷ , list the program(s) here:			
6. a.	The second to 4000 or 500 lovel courses	and graduate students by: (i) requi	ring additional ass	signments by

¹See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will be sent to appropriate Council for normal processing and contact person is informed.

²Courses are typically made effective for the semester following approval. No course will be made effective until all approval are received.

³Signature of the chair of the cross-listing department is required on the Signature Routing Log.

COURSE CHANGE FORM

⁴Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

⁶You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

⁷In order to change a program, a program change form must also be submitted.

Narrative:

The purpose of this request is to transition all courses associated with the Masters of Health Administration (MHA) program from the "HA" to the "CPH" prefix. More specifically, the request involves simultaneously dropping seventeen HA courses (HA 601, HA 602, HA 603, HA 604, HA 621, HA 623, HA 624, HA 628, HA 635, HA 636, HA 637, HA 642, HA 660, HA 711, HA 673, HA 775, HA 785); adding thirteen CPH courses (CPH 681, CPH 682, CPH 683, CPH 684, CPH 687, CPH 688, CPH 780, CPH 781, CPH 782, CPH 784, CPH 785, CPH 787, CPH 788); and retitling four existing CPH courses (CPH 600, CPH 652, CPH 655, CPH 658).

The four existing CPH courses (CPH 600, CPH 652, CPH 655, CPH 658) are required courses of Masters of Public Health — Population Health Policy & Management concentration (MPH-PHP&M). The MPH-PHP&M program is also administratively housed in the College of Public Health Department of Health Management & Administration. MPH-PHP&M faculty and staff members are aware of and support this request. Once the course titles have been changed, the MPH-PHP&M students will be informed of the new course titles during academic advising sessions. The program website and other written material (e.g., handbooks and advising forms) will also be updated.

⁵Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See *SR* 5.2.1)

HA Course Prefix Clean-up

Principle Contract	conserve course conserved	a	***	Proposed Proposed	Proposed		
Prefix	Number	Current Course Title		Prefix	Number	Proposed Title	Transcript Title
HA	602	Strategic Planning And Marketing	Change to	유	780	Strategic Planning and Marketing in Health Care	Strategic Planning & Marketing in Health Care
HA	603	Legal Aspects Of Healthcare Management	Change to	윺	681		Legal Aspects of Health Care Management
ΗA	604	Managerial Ethics	Change to	유	781	Health Care Ethics and Governance	Health Care Ethics and Governance
HA	· 621	Quantitative Methods	Change to	CPH	682	Quantitative Methods for Health Care Management	Quant Methods for Health Care Management
HA	623	Operation Analysis And Management	Change to	윤	683	Health Care Operations Management	
ΗA	624	Info Sys In Health Care	Change to	CPH	782	Same	Same
HA	628	Strategic Human Resources Management in Healthcare	Change to	유	684	Strategic Human Resources Management in Health Care	Strategic Human Resources Mgt in Health Care
HA	642	Public Organization, Theory And Behavior	Change to	윺	687	Organizational Theory and Behavior	Organizational Theory and Behavior
HA	660	Decision Making In Health Care Organizations	Change to	윺	784	Same	Same
HA	673	Health Policy	Change to	윺	785	Same	Same
HA	711	Practicum in Health Administration	Change to	유	888	Same	Same
ĦĀ	775	Spec Tops in Health Admin: SR	Change to	유	788	Same .	Same
HA	785	Independent Study in Health Admin	Change to	윺	787	Same	Same