



Office of the Provost

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www.uky.edu

May 19, 2004

TRANSMITTAL

TO: Rebecca Scott

Senate Council

FROM: Cathy Owen

Medical Center Academic Council

At its meeting on May 18, 2004, the Academic Council for the Medical Center approved, and recommends approval by the Senate Council, for the proposal from the College of Health Sciences to add MED 875, Med-Peds Ambulatory Elective. Attached are the materials to implement this new course.

Thank you for your attention to this matter.

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attachments

Jay A. Perman, M.D. C: Jacque Hager



April 26, 2004

MEMORANDUM

TO: David S. Watt, PhD

Associate Provost for Academic Affairs

Chair, Academic Council for the Medical Center

FROM: Emery A. Wilson, M.D.

Dean and Associate Vice President for Clinical Services

RE: 2 New Course Applications

1 Major Course Change Application

The Faculty Council of the College of Medicine has approved and submits for your consideration and approval the following new course application(s):

New course applications

PGY 617 – Physiological Genomics

<u>Description</u>: Molecular mechanisms controlling physiological processes are increasingly studied by assessing global patterns of gene expression; course will emphasize techniques involved in these processes.

<u>Justification:</u> Students need to understand this developing technology in order to comprehend a large segment of modern biomedical science. This course will help provide that understanding.

MED 875 – Med-Peds Ambulatory Elective

<u>Description</u>: This is an integrated course involving a variety of practice settings. The course provides an opportunity for in-depth experiences for students interested in the fields of internal medicine and pediatrics.

<u>Justification</u>: Students request electives that will enable them to have a more indepth experience in the field of Med-Peds. This experience will enable students to make a more informed decision regarding their selection of future physician careers.

Major course change application

IBS 605 – Experimental Genetics

<u>Description</u>: Introductory genetics course is designed to expose first-year graduate students to contemporary methods and concepts of genetics analysis; request change from 2 to 3 credit hours.

<u>Justification</u>: Additional content in this course cannot be accommodated in a 2 credit-hour course.

Dean and Associate Vice President for Clinical Services College of Medicine

MN 150 Chandler Medical Center

800 Rose Street

Lexington, KY 40536-0298

(859) 323-5567 Fax: (859) 323-2039 E-mail: ewilson@uky.edu

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April 26, 2004

MEMORANDUM

Dean and Associate Vice President for Clinical Services

College of Medicine

MN 150 Chandler Medical Center

800 Rose Street

Deans, Department Chairs and Members of the University Senate (859) 323-5567

Fax: (859) 323-2039

E-mail: ewilson@uky.edu www.uky.edu

FROM:

Emery A. Wilson, M.D.

Dean and Associate Vice President for Clinical Services

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APPLICATION FOR NEW COURSE

F10	posed designation	n and Bulletin descript	tion of this course				
a.	Prefix and Nun *NO A ser	nber MED-875 TE: If the title is long usible title (not exceed)	ger than 24 character	rs (including	Peds Ambulate spaces), write nscripts	ory Elective	_
c.	Lecture/Discus	sion hours per week	_12	d.	Clinic Laboratory ho	ours per weel	k <u>30</u>
e.	Studio hours pe	er week		f.	Credits		4
g.	Course descrip	tion					
	learning activit an in-depth exp one with a varie senior med-ped	grated course between the arry care and subspecial ies to provide an overvier ience for students in ety of med-peds trained is residents. Experience in sition of care from account in the students in the stu	view of the care of laterested in the field at faculty members ces will emphasize	ational focus both children I of internal r in both prima the continuit	is on experienti and adults. The medicine and peary care and sub	al activities, is course productics. Studentics	augmented by didac ovides an opportunity idents will work one- categorical faculty at
h.	Prerequisites (i	f any)					
	MD-830	•					
	MD-836						
		ed to a maximum of	N/A				(if annliaghle)
Tr. 1	be cross-listed as	PED-875	IVA	X	lel	15	(if applicable)
101		Prefix and Nu	umber		Signature, Chai	rman, cross-	listing department
101					(semester an	d year)	
	ective Date	Fall 2004					
Effe	ective Date	Fall 2004	Fall 🛛	Spring	Summer		
Effe Cou Wil		fered each year?	Fall 🔀	Spring	⊠ Summer		⊠ Yes □ N
Effe Cou Wil (Ex	urse to be offered Il the course be of plain if not annua	fered each year?	Fall 🔼	Spring	Summer		⊠ Yes □ N
Effe Cou Wil (Ex	urse to be offered	fered each year?	Fall 🔼	Spring	Summer		⊠ Yes □ N

9.	a.	By whom will the course be taught?	dicine and Pediatrics			
	b.	Are facilities for teaching the course no If not, what plans have been made for p		⊠ Yes □ No		

APPLICATION FOR NEW COURSE

10.	What enrollment may be reasonably anticipated? 1 student per 4 th year medical school block				····		
11	Will this course serve students in the Department primarily?		Yes	\boxtimes	No		
	Will it be of service to a significant number of students outside the Department? If so, explain.	\boxtimes	Yes		No		
	This course will be available to all 4 th year medical students at the University of Kentucky as well as from other institutions.	visiting	g 4 th ye	ar stu	dents		
	Will the course serve as a University Studies Program course?		Yes	\boxtimes	No		
	If yes, under what Area?						
12.	Check the category most applicable to this course						
	traditional; offered in corresponding departments elsewhere;						
	relatively new, now being widely established						
	not yet to be found in many (or any) other universities						
13.	Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?	\boxtimes	Yes		No		
14.	Is this course part of a proposed new program: If yes, which?		Yes	\boxtimes	No		
15.	Will adding this course change the degree requirements in one or more programs?* If yes, explain the change(s) below		Yes	\boxtimes	No		
16.	Attach a list of the major teaching objectives of the proposed course and outline and/or reference list	t to be u	ised.				
17	If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Commbeen consulted.	ourse, please submit evidence (e.g., correspondence) that the Community College System has					
	Within the Department, who should be contacted for further information about the proposed course?	?					
	Name Christopher A. Feddock Phone Extension	257	-5241				

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

APPLICATION FOR NEW COURSE

Signatures of Approval:	
Stor Craman	3/19/04
Department Chair	J Date J VI J
Dean of the College V	Daté Daté
Cuppiculum Committee "Uhldergrad ate Council	Date of Notice to the Faculty
Thomas & Kills	1/23/14 Date
Faculty Comal *University Studies *Graduate Council	'/ ' Date
x to	Date 5/18/04
*Academic Council for the Medical Center	Date
*Senate Council (Chair) *If applicable, as provided by the Rules of the University Senate	Date of Notice to University Senate
ACTION OTHER THAN APPROVA	AL