

APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of Health Sciences Date: 10/4/07

Department/Division offering course: Clinical Sciences/ Physician Assistant Studies

2. What type of change is being proposed? [X] Major [ ] Minor\*

\*See the description at the end of this form regarding what constitutes a minor change. Minor changes are sent directly from the dean of the college to the Chair of the Senate Council.

If the Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal processing and an email notification will be sent to the contact person.

PROPOSED CHANGES

Please complete all "Current" fields.

Fill out the "Proposed" field only for items being changed. Enter N/A if not changing.

Circle the number for each item(s) being changed. For example: (6.)

3. Current prefix & number: PAS 663 Proposed prefix & number: N/A

4. Current Title Surgery Clerkship

Proposed Title† N/A

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

N/A

5. Current number of credit hours: 6 Proposed number of credit hours: 3

6. Currently, is this course repeatable? YES [ ] NO [X] If YES, current maximum credit hours: \_\_\_\_\_

Proposed to be repeatable? YES [ ] NO [X] If YES, proposed maximum credit hours: \_\_\_\_\_

7. Current grading system: [X] Letter (A, B, C, etc.) [ ] Pass/Fail

Proposed grading system: [ ] Letter (A, B, C, etc.) [ ] Pass/Fail

8. 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.

Current:

(40) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY ( ) LECTURE ( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY ( ) SEMINAR ( ) STUDIO ( ) OTHER - Please explain: \_\_\_\_\_

Proposed:

( ) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY ( ) LECTURE ( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY ( ) SEMINAR ( ) STUDIO ( ) OTHER - Please explain: \_\_\_\_\_

9. Requested effective date (term/year): Spring / 2008

10. Current teaching method: [ ] N/A [X] Community-Based Experience [ ] Service Learning Component [ ] Both

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Proposed teaching method (if applicable):     Community-Based Experience     Service Learning Component     Both

11. Current cross-listing:     N/A    \_\_\_\_\_  
Prefix and Number    NAME of current cross-listing DEPARTMENT

a. Proposed – REMOVE the current cross-listing:

b. Proposed – ADD a cross-listing:    \_\_\_\_\_  
Prefix and Number    Signature of chair of proposed cross-listing department

12. Current prerequisites:  
Enrollment in the Physician Assistant program and successful completion of the didactic portion of the curriculum.

Proposed prerequisites:  
N/A

13. Current Bulletin description:  
This is an eight-week clinical course designed to provide physician assistant students with experience in evaluating and treating surgical problems. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a surgical history and physical exam, assisting in surgery, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on surgical problems, and performing selected surgical procedures.

Proposed Bulletin description:  
This is a four-week clinical course designed to provide physician assistant students with experience in evaluating and treating surgical problems. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a surgical history and physical exam, assisting in surgery, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on surgical problems, and performing selected surgical procedures.

14. What has prompted this change?  
A revision to the clinical curriculum that allows more student choice in selecting clerkships consistent with their career goals. It also eliminates overlap between the PA clerkship students over the calendar year.

In 2001 the UK Division of PA Studies began offering the Masters Degree. It was anticipated at that time that the curriculum would require ongoing re-evaluation and periodic revision. This proposed change, along with the proposed change to PAS 661 (Pediatrics), reflects such an improvement through a reduction of these six credit hour (8 week) clerkships to three credit hour (four week) clerkships. While this represents an overall decrease of 6 credit hours, three credit hours will be replaced through allowing students to take PAS 842 (elective) twice. This will provide for more tailoring of their training to their future career goals. The changes will provide better training for the students by allowing for more advanced training in the area of their choice than is currently provided by the 8 week clerkships in general surgery and general pediatrics. Individualized training improves our graduates' qualifications for clinical positions.

These changes are in line with the program's long term curriculum strategy and are reflective of changes in current medical education and the medical practice environment. All course objectives will remain intact. The overall decrease in the program requirements by 3 hours (to a total of 97 hours) in no way diminishes the student's training or experience.

As a result of the program's experience with five graduating classes since 2001, certain problems have come to light. One such problem with the current 13 months of clerkships is a one month calendar overlap that is detrimental to both students and the program. This overlap between the two student classes increases competition for rotation sites and decreases the students' opportunities to be placed at the best sites. This reduction in the overall program by 3 hours will eliminate the one month overlap for our clinical year students while allowing students to customize their training.

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15. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:  
 None. Although the course is shortened, the change is only in the quantity of hours of the experience. All objectives will continue to be met in the four week experience.

16. Please list any other department that could be affected by the proposed change:

N/A

17. Will changing this course change the degree requirements for ANY program on campus?  YES  NO

If YES<sup>‡</sup>, list below the programs that require this course:

Students will take a 3 credit hour Surgery Clerkship instead of a 6 hour Surgery Clerkship. /

<sup>‡</sup> In order for the course change to be considered, program change form(s) for the programs above must also be submitted.

18. Is this course currently included in the University Studies Program?  Yes  No

19.  Check box if changed to 400G or 500.  If changed to 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)

20. Within the department, who should be contacted for further information on the proposed course change?

Name: Debra Nickell Phone: 323-1100, ext 80836 Email: nickell@uky.edu

21. Signatures to report approvals:

<p><u>10-8-07</u> DATE of Approval by Department Faculty</p>	<p><u>Karen O. Staff</u> printed name</p>	<p><u>[Signature]</u> Reported by Department Chair</p>	<p><u>[Signature]</u> signature</p>
<p><u>12-10-07</u> DATE of Approval by College Faculty</p>	<p><u>Sharon R. Stewart</u> printed name</p>	<p><u>[Signature]</u> Reported by College Dean</p>	<p><u>[Signature]</u> signature</p>
<p>_____ *DATE of Approval by Undergraduate Council</p>	<p>_____ printed name</p>	<p>_____ Reported by Undergraduate Council Chair</p>	<p>_____ signature</p>
<p>_____ *DATE of Approval by Graduate Council</p>	<p>_____ printed name</p>	<p>_____ Reported by Graduate Council Chair</p>	<p>_____ signature</p>
<p>_____ *DATE of Approval by Health Care Colleges Council (HCCC)</p>	<p>_____ printed name</p>	<p>_____ Reported by Health Care Colleges Council Chair</p>	<p>_____ signature</p>
<p>_____ *DATE of Approval by Senate Council</p>	<p>_____ Reported by Office of the Senate Council</p>		
<p>_____ *DATE of Approval by the University Senate</p>	<p>_____ Reported by the 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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Excerpt from *University Senate Rules*:

*SR 3.3.0.G.2*: **Definition.** A request may be considered a minor change if it meets one of the following criteria:

- a. change in number within the same hundred series;
- b. editorial change in the course title or description which does not imply change in content or emphasis;
- c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
- d. a cross-listing of a course under conditions set forth in *SR 3.3.0.E*;
- e. correction of typographical errors.

Rev 8/07