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? ☒ 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 870__   *Proposed prefix & number:* __PAS 670__

4. Current Title __Emergency Medicine 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:*

   Emergency Med Clerkship

5. Current number of credit hours: __3__   *Proposed number of credit hours:* __N/A__

6. Currently, is this course repeatable? YES ☐ NO ☒   If YES, current maximum credit hours: _____

   Proposed to be repeatable? YES ☐ NO ☒   *If YES, proposed maximum credit hours:* _____

7. Current grading system: ☒ 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 <u>actual contact hours per week</u> 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   ☒ 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 a four-week clinical course designed to provide physician assistant students with experience in evaluating and treating problems encountered in emergency medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, performing selected studies, and establishing a tentative treatment plan.

   Proposed Bulletin description:
   N/A

14. What has prompted this change?
   When switching to a graduate degree program, all course numbers were not changed to graduate numbers and this proposal will correct this.

15. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:
   N/A

16. Please list any other department that <u>could</u> 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[‡], list below the programs that require this course:
   The course required for the Masters of Science in Physician Assistant Studies degree will change from PAS 870 PAS 670.

   [‡] In order for the <u>course</u> change to be considered, <u>program</u> 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 If <u>changed to</u> 400G- or 500-level, *you must include a syllabus showing differentiation* for undergraduate and

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changed to   graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the
400G or 500.   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: Julie Gurwell, PhD, PA-C   Phone: 323-1100, ext   Email: jagur@uky.edu
                                                                80843

21.   Signatures to report approvals:

_____*11-7-07*_____   *Karen O. Skaff, PhD.*
DATE of Approval by Department Faculty   printed name   Reported by Department Chair   signature

_____*12-10-07*_____   *Sharon R. Stewart*   *Sharon R. Stewart*
DATE of Approval by College Faculty   printed name   Reported by College Dean   signature

_____
*DATE of Approval by Undergraduate   printed name   Reported by Undergraduate Council Chair   signature
Council

_____
*DATE of Approval by Graduate Council   printed name   Reported by Graduate Council Chair   signature

_____
*DATE of Approval by Health Care   printed name   Reported by Health Care Colleges Council Chair   signature
Colleges Council (HCCC)

_____
*DATE of Approval by Senate Council   Reported by Office of the Senate Council

_____
*DATE of Approval by the University   Reported by the Office of the Senate Council
Senate

*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