

MEMO

March 21st, 2016

TO: Sharon R. Stewart, Professor and Associate Dean of Academic Affairs
FROM: Travis Thomas – Chair of Academic Affairs
RE: Academic Affairs review of PAS program change & PAS 620

Dr. Stewart,

Thanks for the opportunity to review this important proposal. The purpose of the PAS Program change/PAS 620 submission was to remove an older course in the PA program called 'HSM601' and add new revised version of the course material under a new heading called 'PAS620'. The rationale for doing so is clearly explained and is largely driven by new guidelines set forth by their governing body.

Upon initial review, the AA Committee recommended additional changes that were all successfully addressed by Dr. Schuer to improve the clarity of the proposal. The Academic Affairs committee *recommends approval of the attached requested program change* and will ask Dr. Schuer to use the revised PAS 620 syllabus (dated 3.17.16).

While the committee was enthusiastic regarding these curriculum changes, the committee would also like to recommend that the PAS program consider exploring opportunities to condense course syllabi to minimize the inclusion of details pertaining to program competencies and standards. While the committee understands that this may be an Accreditation requirement, committee members were consistently concerned that the syllabus seemed "overloaded" and not conducive to promoting thorough student review. Perhaps a "standards document" could be created in the future that houses all competency and standards language for all courses in the PAS curriculum to meet Accreditation standards while improving syllabus quality.

Thanks for the opportunity to review this proposal. Please let me know if I can help clarify anything regarding this approval request.

Sincerely,



Travis Thomas, PhD, RD, CSSD, *Chair – CHS Academic Affairs Committee (2015-16)*

CHANGE MASTERS DEGREE PROGRAM FORM

Signature Routing Log

General Information:

Proposal Name: PAS 620

Proposal Contact Person Name: KEVIN M. SCHUER

Phone: 218-0838

Email: KEVIN.SCHUER@UKY.EDU

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
DEPARTMENT CHAIR	3/21/16	P. Nash / / pnash@uky.edu	<i>[Signature]</i>
Academic Affairs	3/21/16 <i>[Signature]</i>	T. Thomas / / david.t.thomas@uky.edu	<i>[Signature]</i>
Associate Dean	3/22/16 <i>[Signature]</i>	S. Stewart / / srstew01@uky.edu	<i>[Signature]</i>
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council			
Health Care Colleges Council	5/12/16	Roshan Nikou	
Senate Council Approval		University Senate Approval	

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	HEALTH SCIENCES	Department:	CLINICAL SCIENCES
Current Major Name:	MA OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES	Proposed Major Name:	NO CHANGE
Current Degree Title:	MSPAS	Proposed Degree Title:	NO CHANGE
Formal Option(s):		Proposed Formal Option(s):	
Specialty Fields w/in Formal Option:		Proposed Specialty Fields w/in Formal Options:	
Date of Contact with Associate Provost for Academic Administration ¹ :			
Bulletin (yr & pgs):	2014-15 pp. 278-279	CIP Code ¹ :	51.0912
		Today's Date:	1/08/16
Accrediting Agency (if applicable):			
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date ² :
Dept. Contact Person:	DR. Phyllis Nash	Phone:	Email: pnash@UKY.EDU

2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>		<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)			
2.	Residence requirement (if applicable)			
3.	Language(s) and/or skill(s) required			
4.	Termination criteria			
5.	Plan A Degree Plan requirements ³ (thesis)			
6.	Plan B Degree Plan requirements ³ (non-thesis)			
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)			
8.	Required courses (if applicable)			
9.	Required distribution of courses within program (if applicable)			
10.	Final examination requirements			

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

² Program changes are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

³ If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

CHANGE MASTERS DEGREE PROGRAM FORM

11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>
	N/A
12.	List any other requirements not covered above?
	PROPOSAL: CHANGING HSM 601 to PAS 620
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	<p>RATIONALE</p> <p>This letter is to inform you of our intent to remove the HSM 601 ‘Overview of the United States Health Care Delivery System’ course, and replace it with the PAS 620, ‘Health Care Delivery in the 21st Century’ course. The PAS faculty approve of these changes and voted, without reservation, to this affect. These changes are primarily in response to updated ARC-PA Accreditation Standards, stating:</p> <ul style="list-style-type: none"> • B2.11 The program curriculum must include instruction in health care delivery systems and health policy. • B2.12 The program curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA. • B2.13 The program curriculum must include instruction in patient safety, quality improvement, prevention of medical errors and risk management. <p>The PAS 620 course that is proposed will refine a good majority of the material that was previously taught (in HSM 601), but will also pay specific attention to the aforementioned topics outlined in the accreditation standards. Furthermore, the PAS 620 course will include small group, cooperative learning activities as well as interprofessional learning opportunities in health systems, quality improvement and patient access. Included in these materials are the course syllabus for PAS 620 as well as the proper course drop/add forms necessary. Further, this change also necessitates the correct program change forms are completed. Those are also included. I’m happy to pass along any other materials you might need as you review the packet.</p>