



UNIVERSITY OF KENTUCKY

MEMORANDUM

TO: Health Care Colleges Council

FROM: Sharon R. Stewart, Ed.D. *SR Stewart*
CHS Associate Dean for Academic Affairs

RE: Request for changes in PT 686

DATE: September 20, 2010

I am attaching the proposal for changes to the PT 686: Specialty Electives course. Specifically, the proposal requests that the number of credits be changed from 1-3 credits to 1-4 credits. This change allows students to take additional elective hours, if they wish. Since the increase in credits is not a program requirement, there is no change in the program as a result of this course change.

This request has been recommended for approval by the Division of Physical Therapy, the Rehabilitation Sciences Department, and the CHS Academic Affairs Committee. I support the proposed change.

Please contact Prof. Deborah Kelly at dgkell1@uky.edu or 218-0599 regarding any concerns or questions.



College of Health Sciences

Division of Physical Therapy
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859-323-1100 Ext. 80590
fax 859 323-6003

www.mc.uky.edu/PT

September 8, 2010

TO: Sharon Stewart, Associate Dean of Academic Affairs

FROM: Joan Darbee, Chair, Academic Affairs Committee

JCD

RE: Proposal to change number of credits in PT 686 Specialty Electives course

There is unanimous approval by the Academic Affairs Committee in support of the proposed change in the number of credits for the physical therapy course PT 686 - Specialty Electives from 1-3 credits to 1-4 credits. This proposed change is student driven. This change will allow students to take more than 3 specialty electives if they so choose at 1 credit per elective. The change will not result in any changes to the physical therapy program.



University of Kentucky

Chandler Medical Center

Division of Physical Therapy

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Fax (859) 323-6003

September 3, 2010

Members of the College of Health Sciences Academic Affairs Committee:

The enclosed documents represent a change we are proposing for our entry level Doctorate in Physical Therapy program. We would like to change the number of credits for the course from variable: 1-3 to variable: 1-4.

This course is already a variable credit course and students may sign up for 1-3 credits. The purpose of this change request is to provide students with the option of signing up for as many as 4 credits over the course of the curriculum.

Students must sign up for a minimum of 2 credits to meet graduation requirements. This will not change. No other changes are proposed for the course. This does not constitute a program change.

Enclosed is an Application for course change (Major and Minor)

Deborah G. Kelly, Associate Professor
Division of Physical Therapy, Department of Rehab Sciences
College of Health Sciences

APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

Complete 1a – 1f & 2a – 2c. Fill out the remainder of the form as applicable for items being changed.

1. General Information.					
a. Submitted by the College of: <u>Health Sciences</u>		Today's Date: <u>9-2-10</u>			
b. Department/Division: <u>Rehabilitation Sciences/Physical Therapy</u>					
c. Is there a change in "ownership" of the course?					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, what college/department will offer the course instead? _____					
d. What type of change is being proposed? <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor ¹ (place cursor here for minor change definition)					
e. Contact Person Name: <u>Deborah G. Kelly</u>		Email: <u>dgkell1@uky.edu</u>		Phone: <u>218-0599</u>	
f. Requested Effective Date: <input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term ² : _____					
2. Designation and Description of Proposed Course.					
a. Current Prefix and Number: <u>PT 686</u>		Proposed Prefix & Number: <u>same</u>			
b. Full Title: <u>Specialty Electives</u>		Proposed Title: <u>same</u>			
c. Current Transcript Title (if full title is more than 40 characters): _____					
Proposed Transcript Title (if full title is more than 40 characters): _____					
d. Current Cross-listing: <input checked="" type="checkbox"/> N/A OR Currently ³ Cross-listed with (Prefix & Number): _____					
Proposed – <input type="checkbox"/> ADD ³ Cross-listing (Prefix & Number): _____					
Proposed – <input type="checkbox"/> REMOVE ^{3,4} Cross-listing (Prefix & Number): _____					
e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern type.					
Current:	<u>16</u> Lecture	_____ Laboratory ⁵	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	_____ Seminar	_____ Studio	<input checked="" type="checkbox"/> Other – Please explain:		<u>Variable credit, each credit equals 16 lecture hours or the equivalent. Faculty can mix and match activities to meet the credit criteria and meet objectives.</u>

Comment [OSCI]: Excerpt from 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.

*...for the specific purposes of the minor exception rule, the 600-799 courses are the same "hundred series," as long as the other minor change requirements are complied with. [RC 1/15/09]

¹ 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 be sent to appropriate academic Council for normal processing and contact person is informed.
² Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.
³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.
⁴ Removing a cross-listing does not drop the other course – it merely unlinks the two courses.
⁵ 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 generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

Proposed:	<u>16</u> Lecture	Laboratory	Recitation	Discussion	Indep. Study
	Clinical	Colloquium	Practicum	Research	Residency
	Seminar	Studio	x Other – Please explain: <u>See other from above</u>		
f. Current Grading System:	<input checked="" type="checkbox"/> Letter (A, B, C, etc.)		<input type="checkbox"/> Pass/Fail		
Proposed Grading System:	<input type="checkbox"/> Letter (A, B, C, etc.)		<input type="checkbox"/> Pass/Fail		
g. Current number of credit hours:	<u>1-3</u>	Proposed number of credit hours:		<u>1-4</u>	
h. Currently, is this course repeatable for additional credit?	YES <input checked="" type="checkbox"/>			NO <input type="checkbox"/>	
Proposed to be repeatable for additional credit?	YES <input checked="" type="checkbox"/>			NO <input type="checkbox"/>	
If YES: Maximum number of credit hours:	<u>4</u>				
If YES: Will this course allow multiple registrations during the same semester?	YES <input checked="" type="checkbox"/>			NO <input type="checkbox"/>	
i. Current Course Description for Bulletin:	<u>Introduction to emerging specialty areas within the physical therapy profession. Students will select multiple specialty areas under faculty direction.</u>				
Proposed Course Description for Bulletin:	<u>No change</u>				
j. Current Prerequisites, if any:	<u>Admission to the Physical Therapy Professional program and successful completion of the first year or consent of the instructor.</u>				
Proposed Prerequisites, if any:	<u>Admission to the Physical Therapy Professional program and active enrollment in the first semester of the professional curriculum or beyond or consent of the instructor.</u>				
k. Current Distance Learning(DL) Status:	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Already approved for DL*		<input type="checkbox"/> Please Add ⁶ <input type="checkbox"/> Please Drop
*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box <input type="checkbox"/>) that the proposed changes do not affect DL delivery.					
l. Current Supplementary Teaching Component, if any:	<input type="checkbox"/> Community-Based Experience		<input type="checkbox"/> Service Learning		<input checked="" type="checkbox"/> Both
Proposed Supplementary Teaching Component:	<input type="checkbox"/> Community-Based Experience		<input type="checkbox"/> Service Learning		<input type="checkbox"/> Both
3. Currently, is this course taught off campus?	YES <input checked="" type="checkbox"/>			NO <input type="checkbox"/>	
Proposed to be taught off campus?	YES <input type="checkbox"/>			NO <input type="checkbox"/>	
4. Are significant changes in content/teaching objectives of the course being proposed?	YES <input type="checkbox"/>			NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/>			NO <input checked="" type="checkbox"/>	
If YES, identify the depts. and/or pgms: _____					

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

APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

b. Will modifying this course result in a new requirement⁷ for ANY program?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES ⁷ , list the program(s) here: _____			
6. Information to be Placed on Syllabus.			
a.	<input type="checkbox"/>	Check box if <u>changed to</u> 400G or 500.	If <u>changed to</u> 400G- or 500-level course you must send in a syllabus and <i>you must include the differentiation</i> between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading criteria in the course for graduate students. (See <i>SR 3.1.4.</i>)

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

APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

Signature Routing Log

General Information:

Course Prefix and Number: PT 686

Proposal Contact Person Name: Deborah G. Kelly Phone: 218-0599 Email: dqkell1@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
PT 686 Robert Kelly	9-2-10	Tony English 80834 tenglish@uky.edu	Robert Kelly
Chair, Rehab Sciences Janice Kuperstein	9-3-10	Janice Kuperstein 180593 jkuper@uky.edu	Janice Kuperstein
John E. Darbee	9-8-10	John Darbee 180594 darbee@uky.edu	John E. Darbee
CHS Dean's Office	9-14-10	Sharon Stewart 1218-0570 sstewart@uky.edu	Sharon Stewart

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁸
Undergraduate Council			
Graduate Council		2011.04.01 09:16:40 -04'00'	
Health Care Colleges Council	11/16/10	[Signature]	
Senate Council Approval		University Senate Approval	

Comments:

⁸ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

Burnell, Joni M

From: Burnell, Joni M
Sent: Tuesday, May 10, 2011 3:31 PM
To: Kelly, Deborah G
Cc: Brothers, Sheila C
Subject: RE: Proposed Course Change PT 686

Professor Kelly

I just had a chance to talk to Sheila about this proposal. We will move it forward to the next step as is.

Thank you for your help.

Joni Burnell
Office of the Senate Council
joni.burnell@uky.edu

From: Kelly, Deborah G
Sent: Tuesday, May 10, 2011 1:22 PM
To: Burnell, Joni M
Subject: RE: Proposed Course Change PT 686

Thanks. We have been offering this course for about 15 years so I think we are good on the approval. But let me know what you need in order to move forward.

From: Burnell, Joni M
Sent: Tuesday, May 10, 2011 1:20 PM
To: Kelly, Deborah G
Cc: Brothers, Sheila C
Subject: RE: Proposed Course Change PT 686

I see – there are unique issues.

Sometimes courses are provisionally approved prior to having all of the details settled, and we come in after the fact. I'm not sure if that is what occurred in this case or not.

I will meet with Sheila Brothers to discuss with her when I have a chance, and let you know what we need to proceed as soon as possible.

Thank you.

Joni Burnell
Office of the Senate Council
joni.burnell@uky.edu

From: Kelly, Deborah G
Sent: Tuesday, May 10, 2011 1:09 PM

To: Burnell, Joni M

Subject: RE: Proposed Course Change PT 686

I will have to create a syllabus for you since in reality, each faculty member who offers an elective selection creates his/her own syllabus. Each faculty sets their own grading criteria, class meeting times, and learning objectives. I am not sure what I would put on paper. This course was approved without a central syllabus years ago if that helps.

The meeting pattern is up to the individual faculty who build each 1 credit selection. Most of them meet for 4 hours per week for 4 weeks. We appoint time on Tuesday mornings and Thursday afternoons but there are several on-line, asynchronous options. So it is feasible for a student to take anywhere from 1 to 4 selections equaling 1-4 credits in the same semester if they took one of each style of elective. Each credit of the course represents a different elective choice.

Can you let me know if this makes sense and if you still want me to create something for you?

From: Burnell, Joni M

Sent: Tuesday, May 10, 2011 8:43 AM

To: Kelly, Deborah G

Cc: Brothers, Sheila C

Subject: Proposed Course Change PT 686

Good afternoon Professor Kelly,

I am writing regarding the proposed course change for PT 686. (attached)

The syllabus is missing from the proposal and it is necessary for our review even if it is general and brief. *Please provide the syllabus for this course.*

Also we understand your intent for the meeting pattern to be student driven. Does this mean that the course is a 1 credit hour course, that can be repeated up to 4 times for 4 credits? Or does it mean that the student will be able to take 1-4 credits within the same semester? Our understanding is the 16 lecture hours in the meeting pattern would represent 1 hour per week. For the purposes of this form, the meeting patterns are identified on a weekly basis, and I am wondering if that should be 1 hour per week, or 1-4 hours per week.

Thanks for your assistance, and have a great day.

Joni Burnell

Office of the Senate Council

joni.burnell@uky.edu