

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Health Sciences	Department:	Clinical Sciences/Physician Assistant Studies		
Current Major Name:	Physician Assistant Studies	Proposed Major Name:	RECEIVED		
Current Degree Title:	M.S.P.A.S.	Proposed Degree Title:	FEB 6 2015		
Formal Option(s):		Proposed Formal Option(s):	OFFICE OF THE SENATE COUNCIL		
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):	2013-1014 pp. 303-309	CIP Code ¹ :	51.0912	Today's Date:	October 16, 2014
Accrediting Agency (if applicable):	Accreditation Review commission on Education for Physician Assistant Studies (ARC-PA)				
Requested Effective Date:	<input type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date ² :	January 1, 2015	
Dept. Contact Person:	Gerry Gairola, Ph.D.	Phone:	218-0859	Email:	gagair01@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)	See #10	See #10
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	Two written exams (Part A and Part B)	One practical (standardized patient) exam (Part A) and

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

			<p><i>one written exam (Part B) students must pass both parts to pass their final master's examination</i></p>
11.	<p>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></p>		
	<p>Not applicable</p>		
12.	<p>List any other requirements not covered above?</p>		
	<p>None</p>		
13.	<p>Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.</p>		
	<p>The most recent "Accreditation Standards for Physician Assistant Education" effective September 1, 2010 published by the Accreditation Review Commission on Education for Physician Assistants, Inc. (ARC-PA) states the following under Standard C3.04 "The program must conduct and document summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice." Further, the ARC-PA document states that it expects programs will incorporate evaluation instrument/s that assess that the learner has the knowledge, interpersonal skills, patient care skills and professionalism to enter clinical practice. By using a standardized patient evaluation, the program is better able to assess competencies related to students' interpersonal skills, patient care skills and professionalism that is not readily afforded in a written examination. This part of the master's degree final examination will take place in the UK College of Medicine Learning Center's mock patient examination rooms using trained actors as patients and with faculty evaluators using rubrics designed to assess clinical skills. If it is not possible to utilize similar settings (e.g.) the physician Assistant Program Laboratories) will be utilized.</p>		

CHANGE MASTERS DEGREE PROGRAM FORM
Signature Routing Log

General Information:

Proposal Name: Proposed Change to Final Master's Examination for Master's of Science in Physician Assistant Studies (M.S.P.A.S.)

Proposal Contact Person Name: Gerry Gairola, Ph.D. Phone: 8-0859 Email: gagair01@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
Clinical Sciences Dept	1/2/16	Phyllis Nash / 8-0490 / pnash@uky.edu	<i>Phyllis Nash</i>
CHS Academic Affairs	1-9-15	D. Travis Thomas / 80863 / dth225@uky.edu	<i>D. Travis Thomas</i>
CHS Dean	1-12-15	Sharon Stewart / 80560 / srstew@uky.edu	<i>Sharon Stewart</i>
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council		<i>Roshan Nikou</i>	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

See attached email from Mia Alexander-Snow regarding her review of this proposal.

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

Stewart, Sharon R

From: Alexander-Snow, Mia
Sent: Tuesday, October 21, 2014 3:05 PM
To: Stewart, Sharon R
Cc: Gairola, Gerry
Subject: RE: Change to PAS Master's Degree

Dear Sharon,

As presented, the proposed changes to the Physician Assistant Master Examination do not constitute substantive change as defined by SACSCOC, the university's regional accreditor. The proposal may move forward in accordance with college and university-level approval processes.

Best,
Mia

Mia Alexander-Snow, PhD

Phone: 859-257-2873

Fax: 859-323-8688

Visit the Institutional Effectiveness Website: <http://www.uky.edu/ie>

Follow us at: <https://www.facebook.com/universityofky>



From: Stewart, Sharon R
Sent: Sunday, October 19, 2014 9:51 AM
To: Alexander-Snow, Mia
Cc: Gairola, Gerry
Subject: Change to PAS Master's Degree

Dear Mia,

I believe that changes in master's programs are to be reviewed by you before submission. This is a simple request for a change to the master's examination.

Would you please indicate your approval/concerns about this proposal so that we can verify that we did consult with you?

Thanks.
Sharon

Sharon R. Stewart, Ed.D.
Interim Dean and Professor
University of Kentucky College of Health Sciences
Charles T. Wethington, Jr. Building
900 S. Limestone, 123

Ellis, Janie

From: Nikou, Roshan
Sent: Friday, February 06, 2015 8:33 AM
To: Brothers, Sheila C; Carvalho, Susan E; Ellis, Janie; Ett, Joanie M; Hippisley, Andrew R; Jackson, Brian A; Lindsay, Jim D.; Nikou, Roshan; Price, Cleo; Timoney, David M
Cc: McCormick, Katherine; Maschio, Geraldine; Toland, Michael D; Bailey, Ernest; Toma, Eugenia F; Hackbart, M; Gairola, Gerry
Subject: Transmittals
Attachments: MPP-signed.pdf; MSPAS Proposal-signed.pdf

TO: Andrew Hippisley, Chair and Sheila Brothers, Coordinator
Senate Council

FROM: Brian Jackson, Chair and Roshan Nikou, Coordinator
Graduate Council

Graduate Council approved the following proposals and is now forwarding them to the Senate Council to approve.

Programs

Master of Public Policy
MS in Physician Assistant Studies

Courses

VS 597 Special Topics in Veterinary Science
AAD 695 Independent Study in Arts Administration
CHE 554 Biological Chemistry Laboratory
EDP 557 Gathering, Analyzing, and Using Educational Data
EXP 500 Introduction to Service - Learning

Roshan Nikou
The Graduate School
The University of Kentucky
101 Gillis Building - 0033
Phone: (859) 257-1457
Fax: (859) 323-1928
Roshan.Nikou@uky.edu