APPLICATION FOR NEW COURSE

1. Submitted by the College of Health Sciences ____________________________ Date: 10 October 2007

Department/Division proposing course: Clinical Sciences/Clinical Nutrition

2. Proposed designation and Bulletin description of this course:

   a. Prefix and Number  CNU 611

   b. Title* Advanced Medical Nutrition Therapy
      *If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:
      Adv Medical Nutr Therapy

   c. 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.
      ( ) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY (x) LECTURE
      ( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY
      ( ) SEMINAR ( ) STUDIO (x) OTHER – Please explain: Blackboard/Distance Learning

   d. Please choose a grading system:  ☒ Letter (A, B, C, etc.)  ☐ Pass/Fail

   e. Number of credit hours:  2

   f. Is this course repeatable?  YES ☒ NO ☐ If YES, maximum number of credit hours: __________

   g. Course description:
      The overall course objective is for the advanced health care professional to gain an in-depth working knowledge and set of skills in medical nutrition therapy of acute and chronic conditions, including pediatrics that builds upon previous applied nutrition course work and/or experience.

   h. Prerequisite(s), if any:
      Pgy 206 or Equivalent;
      BCH 401G or Equivalent; Advanced Nutrition Course or Consent of Instructor

   i. Will this course be offered through Distance Learning?  YES ☒ NO ☐
      If YES, please circle one of the methods below that reflects how the majority of the course content will be delivered:
      Internet/Web-based  Interactive video  Extended campus  Kentucky Educational Television (KET/teleweb)  Other
      Please describe “Other”: ____________________________

3. Teaching method:  ☒ N/A  ☐ Community-Based Experience  ☐ Service Learning Component  ☐ Both

4. To be cross-listed as:  N/A

Prefix and Number

Signature of chair of cross-listing department
APPLICATION FOR NEW COURSE

5. Requested effective date (term/year): Fall / 2008

6. Course to be offered (please check all that apply): ☐ Fall ☒ Spring ☐ Summer

7. Will the course be offered every year? ☒ YES ☐ NO
   If NO, please explain:

8. Why is this course needed?
   Currently there is no advanced level of training in medical nutrition therapy especially for pediatric conditions.

9. a. By whom will the course be taught? Maria G. Boosalis, Ph.D., MPH, R.D., L.D.
   b. Are facilities for teaching the course now available? ☒ YES ☐ NO
      If NO, what plans have been made for providing them?

10. What yearly enrollment may be reasonably anticipated? 10

11. a. Will this course serve students primarily within the department? ☒ YES ☐ NO
    b. Will it be of interest to a significant number of students outside the department?
       If YES, please explain.
       Other health professionals e.g., medicine, nursing, physician assistants

12. Will the course serve as a University Studies Program course? ☐ YES ☒ NO
    If YES, under what Area?

†AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.

13. Check the category most applicable to this course:
    ☐ traditional – offered in corresponding departments at universities elsewhere
    ☒ relatively new – now being widely established
    ☐ not yet to be found in many (or any) other universities

14. Is this course applicable to the requirements for at least one degree or certificate at UK? ☒ YES ☐ NO

15. Is this course part of a proposed new program?
    If YES, please name:

16. Will adding this course change the degree requirements for ANY program on campus? ☒ YES ☐ NO
    If YES, list below the programs that will require this course:
    Masters of Science in Nutritional Sciences, Emphasis area Clinical Nutrition
APPLICATION FOR NEW COURSE

17. ☑ The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.

18. ☐ If the course is 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)

19. Within the department, who should be contacted for further information about the proposed new course?

Name: Maria G. Boosalis Phone: 3231100x80863 Email: mgoos01@uky.edu

20. Signatures to report approvals:

DATE of Approval by Department Faculty

DATE of Approval by College Faculty

* DATE of Approval by Undergraduate Council

* DATE of Approval by Graduate Council

* DATE of Approval by Health Care Colleges Council (HCCC)

* DATE of Approval by Senate Council

* DATE of Approval by University Senate

If applicable, as provided by the University Senate Rules. (http://www.uky.edu/USC/New/RulesandRegulationsMain.htm)
APPLICATION FOR NEW COURSE

17. ☑ The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.

18. ☐ Check box if course is 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)

19. Within the department, who should be contacted for further information about the proposed new course?

Name: Maria G. Boosalis Phone: 323-1100x80863 Email: mboosalis01@uky.edu

20. Signatures to report approvals:

DATE of Approval by Department Faculty
Jennifer Brown 4-28-08

DATE of Approval by College Faculty

DATE of Approval by Undergraduate Curriculum Committee
3-10-08

DATE of Approval by Graduate Council

DATE of Approval by Health Care Colleges Council (HCCC)

DATE of Approval by Senate Council

DATE of Approval by University Senate

*If applicable, as provided by the University Senate Rules. (http://www.uky.edu/USC/New/RulesandRegulations/Main.htm)
CNU 611 Advanced Medical Nutrition Therapy
Location: Blackboard Distance Learning
Course Instructor: Maria G. Boosalis, Ph.D., MPH, R.D., L.D.

The overall course objective is for the advanced health care professional to gain an in-depth working knowledge and set of skills in medical nutrition therapy that builds upon previous applied nutrition course work and/or experience.

The specific course objectives are for the advanced health care professional to:

(a) Assess for nutritional adequacy using anthropometric, biochemical, clinical, dietary, and environmental components i.e., the "A, B, C, D, and E’s" of a nutritional assessment and how to obtain such information in a clinical setting.

(b) Describe the role of medical nutrition therapy in pediatrics, from basic, healthy eating principles to select pediatric disorders.

(c) Describe the role of medical nutrition therapy in various acute and chronic disorders addressed in advanced nutrition practice.

Entire course is web-base delivered via Distance Learning utilizing Blackboard. The students are expected to complete all posted lessons, readings, assignments, on-line web-based discussion sections, research papers and/or examinations as outlined on this syllabus. All lectures/topics are 2 hours in length or time/topic equivalent assignments. The following topics will be covered in assigned readings, case studies, web-based PowerPoint presentations and/or assignments, and/or self-guided library study as needed.

1. Review: A-E’s of Nutritional Assessment, Medical Nutrition Therapy and the Nutrition Care Process
2. Overview of Infant, Pediatric and Adolescent Nutrition
3. Overview of Nutritional ‘Formulas’ from Infant to Enteral to Parenteral
4. Medical Nutrition Therapy for Pediatric Disorders
5. Medical Nutrition Therapy for Pediatric Disorders, con’t
6. Medical Nutrition Therapy for Pediatric Disorders, con’t
7. Medical Nutrition Therapy for Primary/Secondary Gastrointestinal Disorders
8. Examination #1: Lectures 1-7
9. Medical Nutrition Therapy for Hepatic, Pancreatic, Biliary Disorders
10. Medical Nutrition Therapy for Endocrine Disorders
11. Medical Nutrition Therapy for Congestive Heart Failure
12. Medical Nutrition Therapy for Renal Disorders
13. Medical Nutrition Therapy for Hematopoietic and Stem Cell Transplants
14. Medical Nutrition Therapy for Morbid Obesity
15. Medical Nutrition Therapy for Alzheimer’s Disease/Neurologic Disorders
16. Medical Nutrition Therapy for the Systemic Inflammatory Response and Multiple Organ Dysfunction Syndrome
17. Final Examination: Comprehensive with emphasis on Lectures 9-16

Required Text: Sylvia Escott-Stump, Nutrition and Diagnosis-Related Care, 6th edition, Lippincott, Williams & Wilkins, 2008; other readings as assigned.
**EVALUATION/GRADING:** Students will be held responsible for all the material in any assigned readings whether or not their content is covered in the class lectures.

**GRADING POLICY**

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Total Points= 200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination #1</td>
<td>90 points</td>
</tr>
<tr>
<td>Final Examination</td>
<td>110 points</td>
</tr>
</tbody>
</table>

**Grade Assignment:**

- A= 90-100%
- B= 80-89.99%
- C= 70-79.99%
- E= <70%

This grading scale may be curved at the end of the semester to account for natural break points.

**General Information:** "Policies related to excused absences, cheating/plagiarism, withdrawal, incompletes, final exams and common exams can be found in your copy of Student Rights and Responsibilities. Policies are also described in the Nutritional Sciences student handbook. As students and faculty in the University of Kentucky, we are all responsible for adhering to these policies."