

COURSE CHANGE FORM

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>Medicine</u>		Today's Date: <u>01/09/12</u>			
b. Department/Division: <u>Behavioral Science</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>John Wilson/Ro Conigliaro/</u>		Email: <u>jfwilson@uky.edu/rlconi2@email.uky.edu</u>		Phone: <u>323-6257/(859) 257-5286</u>	
f. Requested Effective Date: <input type="checkbox"/> Semester Following Approval OR <input checked="" type="checkbox"/> Specific Term ² : <u>Fall 2012</u>					
2. Designation and Description of Proposed Course.					
a. Current Prefix and Number: <u>MD 811</u>		Proposed Prefix & Number: <u>same</u>			
b. Full Title: <u>Introduction to Clinical Medicine I</u>		Proposed Title: <u>same</u>			
c. Current Transcript Title (if full title is more than 40 characters): _____					
c. 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 <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern type.					
Current:	<u>12</u> Lecture	____ Laboratory ⁵	____ Recitation	<u>96</u> Discussion	<u>48</u> Indep. Study
	<u>48</u> Clinical	____ Colloquium	____ Practicum	____ Research	____ Residency
	____ Seminar	____ Studio	<u>36</u> Other – Please explain:	<u>standardized patient exams</u>	
Proposed:	____ Lecture	____ Laboratory	____ Recitation	<u>90</u> Discussion	<u>40</u> Indep. Study
	<u>40</u> Clinical	____ Colloquium	____ Practicum	____ Research	____ Residency
	____ Seminar	____ Studio	<u>30</u> Other – Please explain:	<u>standardized patient exams</u>	
f. Current Grading System: <input 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					

Comment [OSC1]: 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.)

COURSE CHANGE FORM

g.	Current number of credit hours: <u>12</u>	Proposed number of credit hours: <u>10</u>	
h.	Currently, is this course repeatable for additional credit?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Proposed to be repeatable for additional credit?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES: Maximum number of credit hours: _____		
	If YES: Will this course allow multiple registrations during the same semester?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i.	Current Course Description for Bulletin:	<u>Introduction to Clinical Medicine I is a year-long course for first-year medical students, designed to develop applied behavioral and professional skills relevant to the practice of medicine and in preparation for clinical rotations, to build a foundation of behavioral science knowledge relevant to medical practice, and to develop an awareness of professionalism and ethical issues foundational to the practice of medicine. Prereq: Admission to the College of Medicine.</u>	
	Proposed Course Description for Bulletin:	<u>same as above</u>	
j.	Current Prerequisites, if any:	<u>Admission to Medical School (first year)</u>	
	Proposed Prerequisites, if any:	<u>same as above</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	
	<small>*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.</small>		
l.	Current Supplementary Teaching Component, if any:	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input 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 type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Proposed to be taught off campus?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4.	Are significant changes in content/teaching objectives of the course being proposed?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If YES, explain and offer brief rationale:		
	<u>Certain topics from this course are being moved to the psychiatry course.</u>		
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: _____		
b.	Will modifying this course result in a new requirement ⁷ 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 changed to 400G or 500.	If <u>changed to 400G-</u> or 500-level course you must send in a syllabus and you must include the <u>differentiation</u> 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 SR 3.1.4.)	

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

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

COURSE CHANGE FORM

Signature Routing Log

General Information:

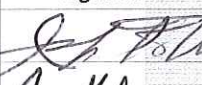


Course Prefix and Number: MD 811

Proposal Contact Person Name: John Wilson/Ro Conigliaro Phone: 323-6257/257-5286 Email: jfwilson@uky.edu/rlconi2@email.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
Course Director	1-6-12	John Wilson / 323-6257 / jfwilson@uky.edu	
COM Curriculum Committee	1-9-12	C. Darrell Jennings / 257-5286 / djenn@uky.edu	
COM Faculty Council	1-17-12	Brian Jackson / 257-4905 / jackson@email.uky.edu	
com dean		Dr. Fred deBeer 35079 faymclain@uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁸
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

In answer to question 1f, a numeric grading system is and will be used for this course. The credit hour change is based on a revised formula for medical student courses where one credit hour equals 20 hours of course activities.

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

COURSE CHANGE FORM

