

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>6/13/11</u>			
b.	Department/Division: <u>OME</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 [OSC1] definition)				
e.	Contact Person Name: <u>Rosemarie Conigliaro</u>	Email: <u>rlconi2@uky.edu</u>	Phone: <u>7-1823</u>		
f.	Requested Effective Date: <input 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>MD 840</u>	Proposed Prefix & Number: _____			
b.	Full Title: <u>Dean's Colloquium</u>	Proposed Title: <u>Internship 101</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 at least one of the meeting patterns below. Include number of actual contact hours⁵ for each meeting pattern type.				
Current:	<u>12</u> Lecture	____ Laboratory ⁵	____ Recitation	____ Discussion	____ Indep. Study
	____ Clinical	____ Colloquium	____ Practicum	____ Research	____ Residency
	____ Seminar	____ Studio	____ Other – Please explain: _____		
Proposed:	<u>6</u> Lecture	____ Laboratory	____ Recitation	<u>2</u> Discussion	____ Indep. Study
	____ Clinical	____ Colloquium	<u>2</u> Practicum	____ Research	____ Residency
	____ Seminar	____ Studio	<u>10</u> Other – Please explain:	<u>Simulation/SP</u>	
f.	Current Grading System: <input type="checkbox"/> Letter (A, B, C, etc.)		<input checked="" type="checkbox"/> Pass/Fail		
	Proposed Grading System: <input type="checkbox"/> Letter (A, B, C, etc.)		<input checked="" type="checkbox"/> Pass/Fail		
g.	Current number of credit hours: <u>1</u>	Proposed number of credit hours: <u>1</u>			
h.	Currently, is this course repeatable for additional credit?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

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.)

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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: _____			
Proposed Course Description for Bulletin:		<i>This course is designed to provide the student with practical knowledge of the role of the intern by review and practice in lab(COMLC) and simulation center of specific generic skills necessary for the successful navigation of the PGY1 year.</i>	
j. Current Prerequisites, if any:		Successful completion of all M1-M4 requirements.	
Proposed Prerequisites, if any:		same	
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 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:			
<i>This course is being altered to supply more practical and experiential content to better prepare our graduates for the responsibilities and activities of the intern year.</i>			
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 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 you must include the <i>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 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.

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Signature Routing Log

General Information:

Course Prefix and Number: _____

Proposal Contact Person Name: _____

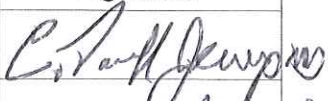


Phone: _____

Email: _____

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
Curriculum Committee	6-27-11	Brandi Tauffener / 752 86 / brandi.tauffener@uky.edu	
Faculty Council	8-16-11	/ /	
Dean of College of Med.		Fay McClain / 3-5074 / Fay.McClain@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:

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

**Proposed Syllabus MD 840
Internship 101**

Scheduled meeting day(s): TBA (last week prior to graduation)

Time and place: TBA

Instructor name: TBA

Goal:

The goal of this course is to provide the student with a deeper understanding of the role of the intern in patient care, the health care team, and practical skills for patient care.

Learning Objectives: By the end of this course, the student will successfully:

1. Describe what to do at a code
2. Explain common cross-cover issues and how to address them
3. Practice a safe and effective handoff
4. Request an autopsy in a sensitive rational manner.
5. Identify essential components of an organized and appropriate discharge summary
6. List the steps involved in pronouncing a pt
7. Outline the process for talking to patients/ family about bad news
8. Fill out a death certificate

Attendance:

Attendance is mandatory. Any absences **must** be cleared **in advance** by Drs. Griffith or Cheever. In the event of an absence, appropriate make up work will be expected. **You must sign in the morning and out at the end of the day (per Drs. Griffith and Cheever).**

Grading:

This is a pass-fail course. To pass, you must attend all sessions. Attendance, participation, and professionalism are the components that contribute to the determination of course grade. There is no examination for this course.

Components of the course: (order and lecturers subject to change)

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Overview/Intro Advanced Communication Skills - Lecture: BBN - Withdrawl of care <hr/> SP Encounters – Practicing BBN# <hr/> Debrief on SP Encounters	Lecture and Small Group Activity - “How to fill out a Death Certificate” <hr/> How to Pronounce a Patient. <hr/> Requesting an Autopsy <hr/> Discharge Summaries	Advanced Cardiovascular Exam Skills and Simulation House Officer Scenarios (All Groups Rotating): a. Code Blue b. Pt w/ Fever c. Pt w/ CP d. Pt w/ abdominal pain e. SOB/hypoxia f. Abnormal EKG	Advanced Cardiovascular Exam Skills Simulation and House Officer Scenarios	Carpe Diem – Sawaya <hr/> How to Flourish in Residency - Griffith <hr/> The Impaired Physician
LUNCH BREAK					
PM	Lecture and Small Group Activity - “What makes a Safe Handoff?” – Katie McKinney	Advanced EKG Reading <hr/> Advanced CxR and CT reading	(con’t)	(con’t)	Graduation Wrap-up – SA Staff
			Picnic/Social Event		

Please refer to the Student Resource Guide for complete details on College of Medicine policies.

<http://www.mc.uky.edu/meded/curriculum/student%20resource%20guide%202010.pdf>

Additional Curricular Changes for M4 Year

1. Eliminate requirement for 2 AIs in different disciplines (one surgical, one medical); replace with requirement for single foundational AI (surgical or medical) and second AI, which can be in same or other discipline.
2. Specific requirements/common expectations for all foundational AIs* include the following:
 - i) students must write orders
 - ii) students must be responsible to write daily notes
 - iii) students must have some patient cross-cover responsibility
 - iv) students must be "1st call" for a cadre of patients for whom they are responsibleIn addition, students will be required to submit to/review with their AI preceptor at the half-way point, printed or on-line documentation of the following: 1. A complete H&P; 2. An admission order set; 3. A sample of daily note(s).
3. Allow offsite, AHEC and away AI's to count as second AI.
4. Move ACPA to block 8 (March) with one-two days "off" for Match-day Activities.
5. Remainder of 4th year calendar adjustments per Dr. Cheever's previous proposal (includes starting earlier, elective option in M3 year, month off in January of M4 year for interviewing), while still giving students options of M4 electives, 4-week vacation, and anatomy course to schedule if additional interviewing time is needed.

*Foundational AIs include :

Acting Internship from a Medical Specialty:

- FM-850 Acting Internship in Family Practice
- FM-854 Acting Internship in Rural Family Practice
- MED-870 Acting Internship in Medicine
- MED 872/PED 872 Acting Internship in Med-Peds
- NEU-850 Acting Internship in Neurology
- OBG-863 High Risk Obstetrics*
- PED-850 Neonatal Intensive Care Unit
- PED-859 Acting Internship in Pediatrics
- PED-878 Pediatric Intensive Care
- PSC-841 Psychiatry Selective (in-patient options only)
- RBM-850 Acting Internship in Rehabilitation Medicine

Acting Internship Selected from a Surgical Specialty:

- OBG-850 Gynecologic Oncology*
- OBG-854 Clinical Clerkship in Obstetrics*
- SUR-851 Acting Internship in Orthopedic Surgery
- SUR-852 Acting Internship in Pediatric Surgery
- SUR-853 Acting Internship in Otolaryngology
- SUR-854 Acting Internship in Urology

- SUR-855 Acting Internship in Plastic Surgery
- SUR-857 Acting Internship in Transplant Surgery
- SUR-862 Acting Internship in General Surgery
- SUR-863 Acting Internship in Cardiothoracic Surgery
- SUR-864 Acting Internship in Neurosurgery
- SUR-869 Acting Internship in Trauma Surgery