

**Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COHP

Dept/Division: Physical Therapy

Current Alpha Designator/Number: PT 755

Contact Person: Penny Kroll, PT, PhD

Phone: 304-606-5614

**CURRENT COURSE DATA:**

Course Title: Evidence Based Practice III

Alpha Designator/Number:




P T 7 5 5

Title Abbreviation:

P r o f P r a c t i c e I V

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>3/23/15</u>
Registrar <u></u>	Date <u>3/23/15</u>
College Curriculum Chair <u></u>	Date <u>4/3/15</u>
Graduate Council Chair _____	Date _____

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College Curriculum Chair _____	Date _____
Graduate Council Chair _____	Date _____

## Request for Graduate Course Change - Page 2

College: COHP

Department/Division: School of Physical Therapy

Alpha Designator/Number:PT 755

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☒ YES ☐ NO

From Professional Practice IV (limited to 30 characters and spaces)

[illegible]

If Yes, Rationale	With the deletion of two Professional Practice course in the past, using numbers in the names of the courses has lead to confusion. The change of the name of this and subsequent courses in that series clears up that confusion.
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**Change in COURSE ALPHA DESIGNATOR:**

From: 

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 To: 

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☐ YES ☒ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

From: 

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 To: 

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If Yes, Rationale

### Change in COURSE GRADING

From  Grade To  Credit/No Credit

Rationale	NOT APPLICABLE
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Change in CATALOG DESCRIPTION: ☒ YES ☐ NO IF YES, fill in below:

From	Allows participation in service learning programs developed in Professional Practice III, emphasizing advocacy for the health needs of the region, as well as coordination with community agencies.
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To	Allows participation in service learning programs emphasizing advocacy for the health needs of the region, as well as coordination with community agencies.
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If Yes Rationale	Prior course description refers to a course that no longer exists.
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## Request for Graduate Course Change - Page 3

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Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From 

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To 

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Change in COURSE CONTENT: ☐ YES ☒ NO (May attach separate page if needed)

From 

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To 

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Rationale 

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## Request for Graduate Course Change-Page 4

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College: COHP \_\_\_\_\_

Department: Physical Therapy \_\_\_\_\_

Course Number/Title PT 755 Professional Practice IV \_\_\_\_\_

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1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE DESCRIPTION CHANGE

Department: School of Physical Therapy

Current Course Number/Title: PT 755 Professional Practice IV

New Course Title: PT 755 Service Learning Practicum

Rational:

With the deletion of two Professional Practice course in the past, using numbers in the names of the courses has lead to confusion. The change of the name of this and subsequent courses in that series clears up that confusion.

Course Description (old) :

Allows participation in service learning programs developed in Professional Practice III, emphasizing advocacy for the health needs of the region, as well as coordination with community agencies.

Course Description (new) :

Allows participation in service learning programs emphasizing advocacy for the health needs of the region, as well as coordination with community agencies.



(old)

Course Title/Number	<b>PT 755 Professional Practice IV</b>
Semester/Year	Spring 2014
Days/Time	Meets with Service Learning Organization between approximately 10 per session, plus Independent informally group mtgs to work on project
Location	SOPT SMEC Room 111
Instructor	Dr. Rania Karim, PT, DPT, GCS
Office	SOPT Room 146
Phone	304-696-5604
E-Mail	karimr@marshall.edu
Office/Hours	Tuesdays, 9:30-11:30 or by appointment
University Policies	<p>By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to <a href="http://www.marshall.edu/academic-affairs">www.marshall.edu/academic-affairs</a> and clicking on "Marshall University Policies." Or, you can access the policies directly by going to <a href="http://www.marshall.edu/academic-affairs/?page_id=802">http://www.marshall.edu/academic-affairs/?page_id=802</a></p> <p>Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment</p>

#### Course Description: From Catalog

**Credit Hours: 1**

This 1 credit course allows participation in service learning programs developed in Professional Practice III, emphasizing advocacy for the health needs of the region, as well as coordination with community agencies. The student must have successfully completed all prior curricular course work.

**Course Student Learning Outcomes and Assessment Measures:** The table below shows the following relationships: How each student learning outcomes will be practiced and assessed in the course.

Course Student Learning Outcomes. Students will:	How Practiced in this Course	How Assessed in this Course
1. Demonstrate competency and professionalism in planning and implementing an educational program.(CC-5.26,5.50,5.51,5.64,5.65)	Service Learning Group Project	Poster Formal Paper Reflection
2. Apply knowledge gained in previous coursework to perform the following (CC-5.14, 5.17, 5.41, 5.45, 5.46, 5.47,5.48 a. Re-assess the audience level of education and knowledge b. Re-assess the educational need of the intended audience and use this information to prepare	Service Learning Group Project	Poster Formal Paper Reflection

content c. Carry out objectives for the educational experience d. Distribute enduring educational materials for the educational program e. Implement a program evaluation to assess the outcomes of the educational program.		
3. Demonstrate an understanding and appreciation of a service oriented project of health education. (CC-5.5,5.7)	Service Learning Group Project and Reflection	Poster Formal Paper Reflection

### Required Texts, Additional Reading, and Other Materials

1. American Physical Therapy Association: [www.apta.org](http://www.apta.org)
2. Other handouts as provided.

**Course Requirements:** See Course Activities Assignment and Course Schedule Below for assignment dates.

1. Meeting with Course Instructor
2. Individual Reflection Paper on Project
3. Project Formal Written Report
4. Project Poster
5. Peer Review of Final Presentation

Each individual will write a reflection essay (one page) on their own experiences in the project describing what you learned and gained through the process.

Course is Pass/Fail, but must score at least 70% to earn a grade of "Pass"

Peer review of Project	5%
Service Learning Project Report	40%
Service Learning Project Poster	35%
Reflection Paper	<u>20%</u>
	100 %



## Assignments:

### Meeting with Course Instructor: Due Week of February 17<sup>th</sup>

Your group is responsible for scheduling a meeting with the professor to discuss the progress of your respective project. Your group must provide specific detail as to the steps taken and the steps that need to be taken in order to complete the project.

### Reflection: Due Wednesday, April 15<sup>th</sup> by Noon

Individually, write a reflection on your service learning experience(s). Describe **BOTH** 1) how your experience in the community translates to your clinical practice **AND** 2) What concepts taught in Professional Practice I-IV do you feel were reinforced? The grade will not be on the precise content of the reflections, but rather the depth of reflection and demonstration of understanding of the material and topics covered. Paper should be double-spaced, have one-inch margins and **not exceed 1 ½ pages** in length.

### Formal Paper: Due Monday, April 21<sup>st</sup> by Noon

Each group will write a paper on the development of their proposed project. The criteria for the paper are listed below

- **Abstract.** Word limit: 275 words. Structure: Background, Objective/Purpose, Methods, Results, Conclusions
- **Body of Manuscript.** Page limit: 5 pages double spaced. Sections: Introduction, Methods, Results, and Discussion. The Discussion section ideally should contain no more than 5 paragraphs and should address:
  - How project design was modified to address teaching and learning needs of population
  - Strengths and weaknesses of project
  - Impacts of work
  - Future projects
- **References.** American Medical Association Citation Style; References should be listed in the order of appearance in the manuscript, by numerical superscripts that appear consecutively in the text.
- **Tables.** Tables should be formatted in Word, numbered consecutively, and placed together.
- **Figures.** Figures should be numbered consecutively. Lettering should be large, sharp, and clear, and abbreviations used within figures should agree with Journal style.
- **Appendixes.** Appendixes should be numbered consecutively and placed at the very end of the manuscript. Use appendixes to provide essential material not suitable for figures, tables, or text.

### Poster (Power Point Version): Due Monday, April 28<sup>th</sup> by Noon

Your group is responsible for putting together a 24 X 36" poster that clearly displays the following:

- Background and Purpose
- Description of Project
- Outcomes
- Discussion

**Poster Day:** Friday, May 2nd

**Peer Review of Final Presentation:** Due Friday, May 2<sup>nd</sup>

You will be individually assigned a group other than your own to critique their poster using the provided rubric. You will be graded on the quality and quantity of feedback that you offer the group.

(new)

Course Title/Number	<b>PT 755 Service Learning Practicum</b>
Semester/Year	Spring 2014
Days/Time	Meets with Service Learning Organization between approximately 10 per session, plus Independent informally group mtgs to work on project
Location	SOPT SMEC Room 111
Instructor	Dr. Rania Karim, PT, DPT, GCS
Office	SOPT Room 146
Phone	304-696-5604
E-Mail	karimr@marshall.edu
Office/Hours	Tuesdays, 9:30-11:30 or by appointment
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**Credit Hours: 1**

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