

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 757

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 7

Title Abbreviation: P r o f e s s i o n a l P r a c t i c e V I

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>Penny Kroll</u> | Date <u>3/23/15</u> |
| Registrar <u>Robert Ferguson</u> | Date <u>3/23/15</u> |
| College Curriculum Chair <u>Erin Green</u> | Date <u>4/13/15</u> |
| Graduate Council Chair _____ | Date _____ |

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| | |
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| Dept. Chair/Division Head <u></u> | Date <u>3/23/15</u> |
| Registrar <u></u> | Date <u>3/23/15</u> |
| 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 757

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

Change in CATALOG TITLE: ☒ YES ☐ NO

From

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| P | r | o | f | e | s | s | i | o | n | a | l | | P | r | a | c | t | i | c | e | | V | I | | | | | | | |
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 (limited to 30 characters and spaces)

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| To | A | d | v | T | r | a | i | n | i | n | g | / | C | e | r | t | i | f | i | c | a | t | i | o | n | s |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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| 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 |
|-------------------|---|

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

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 To:

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If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

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| Rationale | NOT APPLICABLE |
|-----------|----------------|

Change in CATALOG DESCRIPTION: ☒ YES ☐ NO IF YES, fill in below:

| | |
|------|--|
| From | This 1 credit course reinforces student's participation in health promotion and prevention programs emphasizing Chronic Disease Self-Management Course Leader Training, and Diabetes Self-Management Course Leader Training. Students are encouraged to use this training to plan and promote Self-Management training courses in the region within one year. The student must have successfully completed all prior curricular course work. |
|------|--|

| | |
|----|---|
| To | This course allows the student to participate in advanced training and certification courses such as the Chronic Disease Self-Management (CDSM) Leader Training and others that may be offered each year. |
|----|---|

| | |
|-----------|---|
| If Yes | Though the chronic disease self management courses are the only ones offered at this time, we would like to expand the offerings in the future and this working allows us to do so without having to change the course description in the future. |
| Rationale | |

Request for Graduate Course Change - Page 3

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)

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Rationale

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Request for Graduate Course Change-Page 4

College: COHP _____

Department: Physical Therapy _____

Course Number/Title PT 757 Professional Practice VI _____

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 757 Professional Practice VI

New Course Title: PT 757 Advanced Training/Certifications

Title Change 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:

This 1 credit course reinforces student's participation in health promotion and prevention programs emphasizing Chronic Disease Self-Management Course Leader Training, and Diabetes Self-Management Course Leader Training. Students are encouraged to use this training to plan and promote Self-Management training courses in the region within one year. The student must have successfully completed all prior curricular course work.

This course allows the student to participate in advanced training and certification courses such as the Chronic Disease Self-Management (CDSM) Leader Training and others that may be offered each year.

Course description chanve Rationale: Though the chronic disease self management courses are the only ones offered at this time, we would like to expand the offerings in the future and this working allows us to do so without having to change the course description in the future.

(old)

| | |
|---------------------|---|
| Course Number | PT 757 |
| Title | Professional Practice VI |
| Semester/Year | Fall 2014 |
| Days/Time | Section 1 Tuesday 9-12/Section 2 Wednesday 9-12 (15 contact hours) |
| Location | SMEC Room 105 |
| Instructor | Tamara Gravano, PT, DPT, GCS; Penny Kroll, PT, PhD |
| Office | Gravano: SMEC Room 135/Kroll: SMEC Room 140 |
| Phone | Gravano: 304-696-5616/Kroll: 305-696-5614 |
| E-Mail | Gravano@marshall.edu/Kroll@marshall.edu |
| Office/Hours | Tuesdays 1-3 and by appointment |
| University Policies | By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to www.marshall.edu/academic-affairs and clicking on "Marshall University Policies." Or, you can access the policies directly by going to http://www.marshall.edu/academic-affairs/?page_id=802 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 |

Course Description: From Catalog**Credit Hours: 1**

Reinforces student's participation in health promotion and prevention programs emphasizing Chronic Disease Self-Management course leadership training for implementation in the future.

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 |
|---|--|---|
| Demonstrate competency and professionalism in planning and implementing an educational program.(CC-5.26,5.50,5.51,5.64,5.65) | Small group discussion & participation | Presentation assessment with grading rubric |
| Promote health and quality of life by providing information on health promotion, fitness, wellness and disease prevention to a group of volunteer participants (CC.5.51, 5.64, 5.65) | Small group discussion, an participation | Presentation assessment with grading rubric |
| Demonstrate the ability to self-assess one's own performance as well as other classmates as an educator and make suggestions for future growth in the area of professional education.(CC-5.12,5.13) | Small group discussion & participation | Self-Assessment rubric |
| Demonstrate an understanding and appreciation of a service-oriented project of health education such as Chronic Disease Self-Management training, and Diabetes Self-Management Training. (CC-5.5,5.7) | Small group discussion & participation | Presentation assessment with grading rubric |

Required Texts, Additional Reading, and Other Materials

Lorig K. et al. *Living a Healthy Live with Chronic Conditions*. (3rd Ed.)2006 Boulder CO: Bull Publishing
Lorig K. et al. *The Chronic Disease Self-Management Workshop Leaders Manual*.(3rd Ed). 2006 Boulder CO: Bull Publishing

Course Requirements: See 'Assignments' Section for Details

| |
|----------------------------------|
| Participation |
| Presentation of teaching session |
| Self-Assessment |

Grading Policy

| Grading Criteria: | | Grading Scale |
|--|-------|--------------------------------|
| Attendance workshop sessions | 40% | Credit (Pass)/No Credit (Fail) |
| Successful completion of assigned presentation | 40% | |
| Completion of self-assessment of presentation | 25% | |
| | 100 % | |

Attendance Policy

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|---|
| Please see the School of Physical Therapy Student Handbook for details. |
|---|

Course Schedule

| | Content | Required Prior to Class/<i>In-class</i> Assignments |
|--|--|--|
| 8/19/2014: Section 1 8/20/2014: Section 2 | Session 1: Overview, managing symptoms, Using your mind to manage symptoms; Making an Action plan; | |
| 8/26/2014: Section 1 8/27/2014: Section 2 | Session 2: Feedback and Problem solving; Dealing with Difficulty Emotions, Physical Activity and Exercise, Preventing falls | Complete Action Plan as Assigned |
| 9/2/2014: Section 1 9/3/2014: Section 2 | Session 3: Making decisions; Pain and fatigue management | Complete Action Plan as Assigned |
| 9/9/2014: Section 1 9/10/2014: Section 2 | Session 4: Better breathing; healthy eating; communication skills | Complete Action Plan as Assigned <i>Practice Teaching Assignments</i> |
| 9/16/2014: Section 1 9/17/2014: Section 2 | Session 5: Medication usage; making informed treatment decisions; working with your healthcare professional and organization | Complete Action Plan as Assigned <i>Practice teaching Presentations</i> |
| 9/23/2014: Section 1 9/24/2014: Section 2 | Session 6: Weight management; future plans | Complete Action Plan as Assigned |

(new)

| | |
|---------------------|---|
| Course Number | PT 757 |
| Title | Advance Training/Certifications |
| Semester/Year | Fall 2014 |
| Days/Time | Section 1 Tuesday 9-12/Section 2 Wednesday 9-12 (15 contact hours) |
| Location | SMEC Room 105 |
| Instructor | Tamara Gravano, PT, DPT, GCS; Penny Kroll, PT, PhD |
| Office | Gravano: SMEC Room 135/Kroll: SMEC Room 140 |
| Phone | Gravano: 304-696-5616/Kroll: 305-696-5614 |
| E-Mail | Gravano@marshall.edu/Kroll@marshall.edu |
| Office/Hours | Tuesdays 1-3 and by appointment |
| University Policies | By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to www.marshall.edu/academic-affairs and clicking on "Marshall University Policies." Or, you can access the policies directly by going to http://www.marshall.edu/academic-affairs/?page_id=802 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 |

Course Description: From Catalog

Credit Hours: 1

This course allows the student to participate in advanced training and certification courses such as the Chronic Disease Self-Management (CDSM) Leader Training and others that may be offered each year.

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Course Requirements: See 'Assignments' Section for Details

Participation
 Presentation of teaching session
 Self-Assessment

Grading Policy

| | |
|--|--------------------------------|
| Grading Criteria: | Grading Scale |
| Attendance workshop sessions 40% | Credit (Pass)/No Credit (Fail) |
| Successful completion of assigned presentation 40% | |
| Completion of self-assessment of presentation 25% | |
| 100 % | |

Attendance Policy

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Course Schedule

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Dept/Division: Physical Therapy

Current Alpha Designator/Number: PT 757

Contact Person: Penny Kroll, PT, PhD

Phone: 304-606-5614

CURRENT COURSE DATA:

Course Title: Evidence Based Practice III

Alpha Designator/Number:

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|---|---|---|---|---|--|--|--|--|--|
| P | T | 7 | 5 | 7 | | | | | |
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Title Abbreviation:

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|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|--|
| P | r | o | f | e | s | s | i | o | n | a | l | | P | r | a | c | t | i | c | e | | V | I | |
|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|--|

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

| | |
|---------------------------------|------------|
| Dept. Chair/Division Head _____ | Date _____ |
| Registrar _____ | Date _____ |
| College Curriculum Chair _____ | Date _____ |
| Graduate Council Chair _____ | Date _____ |

College: COHP Department/Division: School of Physical Therapy Alpha Designator/Number: PT 757

Change in CATALOG TITLE: ☒ YES ☐ NO

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| To | A | d | v | | T | r | a | i | n | i | n | g | / | C | e | r | t | i | f | i | c | a | t | i | o | n | s | | | |
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Change in COURSE ALPHA DESIGNATOR:

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☐ YES ☒ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

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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 |
|-----------|----------------|

Change in CATALOG DESCRIPTION: ☒ YES ☐ NO IF YES, fill in below:

| | |
|------|--|
| From | This 1 credit course reinforces student's participation in health promotion and prevention programs emphasizing Chronic Disease Self-Management Course Leader Training, and Diabetes Self-Management Course Leader Training. Students are encouraged to use this training to plan and promote Self-Management training courses in the region within one year. The student must have successfully completed all prior curricular course work. |
|------|--|

| | |
|----|---|
| To | This course allows the student to participate in advance certification courses, such as the Chronic Disease Self-Management Course Leader Training, and Diabetes Self-Management Course Leader Training and others. |
|----|---|

| | |
|-----------|---|
| If Yes | Though the chronic disease self management courses are the only ones offered at this time, we would like to expand the offerings in the future and this working allows us to do so without having to change the course description in the future. |
| Rationale | |

Request for Graduate Course Change - Page 3

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

College: COHP _____

Department: Physical Therapy _____

Course Number/Title PT 757 Professional Practice VI _____

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.

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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 757 Professional Practice VI

New Course Title: PT 757 Advanced Training/Certifications

Title Change Rational:

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Course Description:

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This course allows the student to participate in advance certification courses, such as the Chronic Disease Self-Management Course Leader Training, and Diabetes Self-Management Course Leader Training and others.

Course description chanve Rationale: Though the chronic disease self management courses are the only ones offered at this time, we would like to expand the offerings in the future and this working allows us to do so without having to change the course description in the future.