Wilkes University Curriculum Committee

PROPOSAL SUBMITTAL FORM

Directions:
- Use this set of forms for all proposals sent to the Curriculum Committee.
- Pages 1-3 of this document are required. Any unnecessary forms should be deleted from the packet before submissions. If multiple forms are needed (course addition, course deletion, etc), simply copy and paste additional forms into this packet.
- Note that all new programs (majors and minors), program eliminations, significant program revisions and all general education core revisions must be reviewed and approved by the Provost and Academic Planning Committee (APC) prior to submission to the Curriculum Committee. The Provost will make the decision if a program revision requires APC review.
- Completed and signed forms are due no later than the second Tuesday of every month. Submit one signed original hard copy and a scanned electronic copy with all signatures to the Chair of the Curriculum Committee.

1. Originator: Jennifer Malinowski, PharmD, RPh
   Pharmacy Practice
   5704083294 jennifer.malinowski@wilkes.edu

2. Proposal Title: PHA-526. Pharmacotherapeutics X: Endocrine Disorders & Women's/Men's Health Issues

3. Check only one type of proposal: (double click on the appropriate check box and change default value to “checked”).
   - New Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
   - New Concentration, Track, or Certificate. The Provost determines if review and approval by APC is necessary.
   - Elimination of Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
   - Elimination of Concentration, Track, or Certificate. The Provost determines if review and approval by APC is necessary.
   - Program Revision. Significant revisions to a program require review and approval by the Provost. The Provost determines if review and approval by APC is necessary.
   - General Education Revision. Submissions only accepted from the General Education Committee (GEC). Must be reviewed and approved by the Provost.
   - Creation of new departments, elimination of existing department. This requires prior review and approval by the Provost and APC.
   - Course additions or deletions not affecting programs (such as elective courses, transition of “topics” courses to permanent courses).
   - Change in course credit or classroom hours.
   - Incidental Changes. Includes changes in course/program title, course descriptions, and course prerequisites. (Although these changes do require approval by the Curriculum Committee, they do not go before the full faculty for approval).
   - Other (Specify)
4. Indicate the number of course modification forms that apply to this proposal:

- Course Addition Form (plus syllabi)
- Course Deletion Form
- Course Change Form

5. Executive Summary of Proposal.

Briefly summarize this proposal. The breadth and depth of this executive summary should reflect the complexity and significance of the proposal. Include an overview of the proposal, background and reasoning behind the proposal and a description of how the proposal relates to the mission and strategic long-range plan of the unit and/or university. For incidental changes a one or two sentence explanation is adequate.

This course is the 10th in a twelve module sequence that integrates pharmacology, medicinal chemistry, pathophysiology and therapeutics relating to endocrine disorders and health needs of women, men and LGBTQ+ patients. This team taught course is designed to provide students with an opportunity to learn, observe and apply concepts of these four content areas in an integrated manner. This course has evolved over the years to address additional content area needs such as men’s health, infertility, menstrual disorders, population health and LGBTQ+ health issues. The change in the course title helps to better reflect the content areas within the course.

6. Other specific information. (Not applicable for incidental changes.)

7. Program Outline. (Not applicable for incidental changes.)
8. Signatures and Recommendations. (please date)
   - Signatures of involved Department chair(s) and Dean(s) indicate agreement with the proposal
     and that adequate resources (library, faculty, technology) are available to support proposal.
   - If a potential signatory disagrees with a proposal he/she should write "I disagree with this
     proposal" and a signed statement should be attached to this submission.

   Edward Fritziu
   
   Scott K. Stolle
   
   Susan Hitzak

Print Name/Title
Department chair(s) of all potentially affected programs

Print Name/Title
Dean(s) of any potentially affected College/School.

Print Name/Title
Registrar

Print Name
Signature
Date
Provost (For new programs, significant revisions and revisions to the General Education Program
revisions only).

Provost should check here ___ if this proposal is a program revision AND the significance of
the revision requires review and approval by APC prior to Curriculum Committee.

Print Name
Signature
Date
Chair, Academic Planning Committee. For new programs, program revisions sent via the provost.
Signature indicates that the proposal has been reviewed and approved by APC.

Print Name
Signature
Date
Chair, General Education Committee. For revisions to General Education program only.
(Signature indicates that the proposal has been approved by GEC).
Wilkes University Curriculum Committee
COURSE CHANGE FORM

Directions: Use this form to change information relating to an existing course. Please note, changes to course number require separate course addition/deletion forms (not this form!). Only indicate changes that are proposed (existing and proposed), other fields should be left blank.

Course Number: PHA 526
Course Title: Pharmacotherapeutics X: Endocrine Disorders & Women's Health Issues

<table>
<thead>
<tr>
<th>Existing</th>
<th>Proposed</th>
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</thead>
<tbody>
<tr>
<td><strong>Course Title</strong></td>
<td><strong>Course Title</strong></td>
</tr>
<tr>
<td>PHA-526. Pharmacotherapeutics X: Endocrine Disorders &amp; Women's Health Issues</td>
<td>PHA-526. Pharmacotherapeutics X: Endocrine Disorders &amp; Women's/Men's Health Issues</td>
</tr>
<tr>
<td>Course Credit hours, (Indicate classroom, lab or “other” hours.)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Course Prerequisites</td>
<td></td>
</tr>
<tr>
<td>PHA 423</td>
<td>PHA 423</td>
</tr>
</tbody>
</table>

Course Description (as proposed for Bulletin)¹

This course is the 10th of a twelve-module sequence that will integrate pharmacology, medicinal chemistry, pathophysiology and therapeutics. This team taught course is designed to provide students with an opportunity to learn, observe and apply concepts of these four content areas in an integrated manner. Concepts in each of these content areas will be emphasized to provide the necessary information for pharmaceutical management of endocrine diseases.

This course is the 10th in a twelve module sequence that will integrate pharmacology, medicinal chemistry, pathophysiology and therapeutics. This team taught course is designed to provide students with an opportunity to learn, observe and apply concepts of these four content areas in an integrated manner. Concepts in each of these content areas will be emphasized to provide the necessary information for pharmacy management of endocrine and women’s/men’s needs. Active learning techniques will be employed throughout the module.

¹ Course descriptions provide an overview of the topics covered. If the course is offered on a scheduled basis, i.e. every other year, or only during a set semester, note this in the description. Course descriptions should be no more than two to three sentences in length.
Wilkes University Curriculum Committee

PROPOSAL SUBMITTAL FORM

Directions:

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- Completed and signed forms are due no later than the second Tuesday of every month. Submit one signed original hard copy and a scanned electronic copy with all signatures to the Chair of the Curriculum Committee.

1. Originator: Daniel Longyhorse
   Pharmacy Practice; School of Pharmacy
   Daniel.Longyhorse@wilkes.edu
   (570) 408-4294

2. Proposal Title: Course (PHA 532) Name Change

3. Check only one type of proposal: (double click on the appropriate check box and change default value to “checked”).

- New Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
- New Concentration, Track, or Certificate. The Provost determines if review and approval by APC is necessary.
- Elimination of Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
- Elimination of Concentration, Track, or Certificate. The Provost determines if review and approval by APC is necessary.
- Program Revision. Significant revisions to a program require review and approval by the Provost. The Provost determines if review and approval by APC is necessary.
- General Education Revision. Submissions only accepted from the General Education Committee (GEC). Must be reviewed and approved by the Provost.
- Creation of new departments, elimination of existing department. This requires prior review and approval by the Provost and APC.
- Course additions or deletions not affecting programs (such as elective courses, transition of “topics” courses to permanent courses).
- Change in course credit or classroom hours.
- Incidental Changes. Includes changes in course/program title, course descriptions, and course prerequisites. (Although these changes do require approval by the Curriculum Committee, they do not go before the full faculty for approval).
4. Indicate the number of course modification forms that apply to this proposal:

- 0___ Course Addition Form (plus syllabi)
- 0___ Course Deletion Form
- 1___ Course Change Form

5. Executive Summary of Proposal.

Briefly summarize this proposal. The breadth and depth of this executive summary should reflect the complexity and significance of the proposal. Include an overview of the proposal, background and reasoning behind the proposal and a description of how the proposal relates to the mission and strategic long-range plan of the unit and/or university. For incidental changes a one or two sentence explanation is adequate.

This proposal is to request a course title change for PHA 532 from “Alternative Medicine & Nutrition” to “Integrative Medicine & Nutrition.” The term “alternative medicine” has been used for many years, but does not fully reflect the landscape for use of nonconventional therapies in modern Western practices. Some products or practices may be alternative, implying they can be used in place of conventional medicines. However, others may be complementary, meaning they are used in addition to conventional practices. Even more, some nonconventional products or practices have proven to be superior to conventional therapy.

On a larger scale, in 2014, the National Institute of Health’s (NIH) National Center for Complementary and Alternative Medicine (NCCAM) renamed itself to be the National Center for Complementary and Integrative Health (NCCIH), dropping the term “alternative.”

For PHA 532, I/we would like to follow suit with the NIH nomenclature by replacing “alternative” with “integrative.”

6. Other specific information. (Not applicable for incidental changes.)

What other programs, if any, will be affected by this proposal? Describe what resources are available for this proposal. Are they adequate? What would be the effect on the curriculum of all potentially affected programs if this proposal were adopted? Include any potential effects to the curriculum of current programs, departments and courses.

n/a

7. Program Outline. (Not applicable for incidental changes).

A semester-by-semester program outline as it would appear in the bulletin for a new program or any modified program with all changes clearly indicated.

n/a
8. Signatures and Recommendations. (please date)

- Signatures of involved Department chair(s) and Dean(s) indicate agreement with the proposal and that adequate resources (library, faculty, technology) are available to support proposal.
- If a potential signatory disagrees with a proposal he/she should write "I disagree with this proposal" and a signed statement should be attached to this submission.

Edward Foote / Chair, Pharmacy Practice
Print Name/Title: Pharmacy Practice
Signature: [Signature]
Date: 9/28/17

Scott Stolte / Dean, School of Pharmacy
Print Name/Title: Dean of any potentially affected College/School.
Signature: [Signature]
Date: 9/28/17

Susan Hritzak
Print Name: Registrar
Signature: [Signature]
Date: 9/28/17

Print Name: Provost (For new programs, significant revisions and revisions to the General Education Program revisions only).
Signature: [Signature]
Date: 9/28/17

Provost should check here if this proposal is a program revision AND the significance of the revision requires review and approval by APC prior to Curriculum Committee.

Print Name: Chair, Academic Planning Committee. For new programs, program revisions sent via the provost.
Signature: [Signature]
Date: [Date]

Signature indicates that the proposal has been reviewed and approved by APC.

Print Name: Chair, General Education Committee. For revisions to General Education program only.
Signature: [Signature]
Date: [Date]

(Signature indicates that the proposal has been approved by GEC).
Wilkes University Curriculum Committee  
**COURSE CHANGE FORM**

**Directions:** Use this form to change information relating to an existing course. Please note, changes to course number require separate course addition/deletion forms (not this form!). Only indicate changes that are proposed (existing and proposed), other fields should be left blank.

**Course Number:** PHA 532  
**Course Title:** Alternative Medicine & Nutrition

<table>
<thead>
<tr>
<th><strong>Existing</strong></th>
<th><strong>Proposed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course Title</strong></td>
<td>Alternative Medicine &amp; Nutrition</td>
</tr>
<tr>
<td><strong>Course Credit hours. (Indicate classroom, lab or “other” hours.)</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Course Prerequisites</strong></td>
<td>PHA-331, 332, 365 or consent of the instructor.</td>
</tr>
<tr>
<td><strong>Course Description (as proposed for Bulletin)</strong></td>
<td>This course gives an overview of various alternative/contemporary medicine practices; homeopathy, herbal therapy, chiropractic, acupuncture, acupressure, body massage, ayurvedic, and shamanic practices. This course will also give an overview on the concept and practice of nutrition: parenteral and enteral nutrition. Lecture: Three hours.</td>
</tr>
</tbody>
</table>
Course descriptions provide an overview of the topics covered. If the course is offered on a scheduled basis, i.e. every other year, or only during a set semester, note this in the description. Course descriptions should be no more than two to three sentences in length.