**NOTE: Changes to *Course Prefix and/or Course Number* require completion of a *New Course Proposal*** rather than this Course Change Proposal.

**SECTION I: KEY INFORMATION**

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| **Submission date** | 9/25/2020 |
| **Proposed by (faculty only)** | Deborah Howard |
| **Presenter (faculty only)** | Deborah Howard  |
| **NOTE:** *Faculty presenter* must be present at the Curriculum Committee meeting or the proposal will be returned to the School to be resubmitted for a later date. |
| **School**  | Health Professions |
| **Course prefix, number, and title** | **HIM2813 Professional Practice Experience II**  |
| **NOTE: Proposer MUST run an Impact Report** to determine all programs, certificates, and courses that may be affected by the proposed change(s) and enter all below. Append the Impact Report in Section VI. For help with this step, please contact Jeffrey Peterman, Coordinator of Curriculum and Catalog Services: jpeterman@fsw.edu |
| Programs, Certificates, and/or Courses affected by the proposed changes:None |
| **NOTE: Proposer MUST append a Catalog page** with changes marked for *each* affected Degree Program or Certificate, including any changes to General Education. Additional instructions for marking and attaching Catalog pages are given in Section VI.  |

**SECTION II: TERM IN WHICH ACTION WILL BECOME EFFECTIVE**

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| **nOTE: Course Changes must be submitted by the dates listed on the published Curriculum Committee Calendar.**  Actions approved in the Fall semester take effect in the following academic year. Actions approved in the Spring semester take effect after one additional year. Syllabus changes may take effect sooner. **Exceptions to published deadlines or effective dates must receive approval from the Academic Dean and Provost.** |

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| **Academic term in which approved action will take effect** | Fall 2021 |
| **If requesting an exception to the effective date, provide an explanation below.** |
| Explanation for exception:  |

**SECTION III: PROPOSED COURSE CHANGES**

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| **Summary of Proposed Changes** |
| Please provide a summary list or brief description of proposed changes. * Name change from Professional Practice Experience II to Medical Coding Simulation
* Course description change
* Topic outline change
* Minimum grade change from D to C
* Contact hours change from 6 to 3
* Degree restriction change
* Changes to course learning objectives
 |
| **Justification for Proposal**  |
| The changes to this course are being requested to update the course name, content description and outline to better reflect current practice and learning objectives. Due to the changes in the HIM workforce from facility to remote/home based practice, the course needed to transition to the HIM SIM lab environment. The simulation activities replicate the job tasks completed by an HIM medical coding professional.  |
| **NOTE:** Complete the next section by indicating proposed course changes. **Skip fields that are not applicable** to your curriculum action. |
| **Change of School or Department** | From:To: |
| **Change Course Title** | From: Professional Practice Experience II To: Medical Coding Simulation |
| **Does the Course Title change affect other sequenced courses?** (Ex: If changing *Guitar I* to *Intro to Guitar* will *Guitar II* also be renamed?) | NoIF YES, list all course changes in the sequence. |
| **Change Course Description** |
| From: Directed practice designed to provide the student with a strong foundation in medical coding and revenue management. Activities will include inpatient, ambulatory surgery, emergency room and physician office coding and billing.To: This course applies concepts and techniques for inpatient and outpatient coding using actual patient records and simulated patient records. It builds upon the skills that the students have acquired in their coding courses and provides hand-on experience.  |
| **Change Topic Outline** |
| From: * Physician Office Coding Practice
* Emergency Room Coding Practice
* Ambulatory Surgery Coding Practice
* Inpatient Coding Practice
	+ Medical Cases
	+ Surgical Cases
	+ Obstetric Cases
	+ Pediatric/Newborn Cases
* Coding Quality Review
* The Billing Process
* Chargemaster Review
* Reimbursement Methodologies

To: * Physician Office Coding Practice
* Emergency Room Coding Practice
* Ambulatory Surgery Coding Practice
* Inpatient Coding Practice
	+ Medical Cases
	+ Surgical Cases
	+ Obstetric Cases
	+ Pediatric/Newborn Cases

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| **Change Course Prerequisite(s)**  | From: HIM 1802 with a grade of C or higher and Permission of the Program Director To:HIM 2722, HIM 2723 and HIM 2253 with a grade of C or higher and Permission of the Program Director |
| **Provide justification for the proposed changes to pre-requisite(s).** | All three coding courses should be completed prior to the coding simulation because they are foundational to being able to code records correctly in a coding office simulation environment.  |
| **Change Course Corequisites** | From:To: |
| **Provide justification for the proposed changes to co-requisite(s).** | Enter co-requisite justification |
| **Should this course be listed as a corequisite on a paired course?** (Ex. CHM 2032 and CHM 2032L are “paired corequisites.”) | NoCourse(s) and co-requisite(s): |
| **Change Minimum Grade** *(Include minimum grade if higher than a D)* | From: DTo: C |
| **Change Course Credits or Clock Hours** | From: To: |
| **Change Contact Hours (faculty load)** (Ex.: ESC 1000C is 3 credits with 4 contact hours for instructor/lab prep.) | From: 6To: 3 |
| **Change Grade Mode** | Choose an item. |
| **Change Credit Type** | Choose an item. |
| **Should any Degree or Major Restriction codes be listed on this course?** (i.e., “This course may only be taken by students who have been admitted to X Program”) | List applicable Major or Degree Restriction codes: AS in HIT and/or CCC in MICB |
| **Change repeatability status of course? \****\*Not the same as Multiple Attempts or Grade Forgiveness* A repeatable course may be taken more than once for additional credits. (Ex: MUT 2641, a 3- credit course, can be repeated 1 time for a maximum of 6 credits).  | Choose an item.If repeatable, list maximum number of credits  |
| **Change General Education status of course?** | No change |
| **Change Writing Intensive designation?** | No change |
| **Change “International or Diversity Focus” designation?**  | No change |

**SECTION IV: Changes to Learning Objectives** (Information Only)

**Changes to Course Competencies, Learning Outcomes and Objectives:**

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| **Changes to Syllabus Section IV - A. General Education Competencies – 1. Integral and/or 2. Supplemental****NOTE:** All FSW courses must include *one or more* “Integral” and *zero or more* “Supplemental” General Education CREATIVE competencies. *Course objectives/outcomes* that support the selected General Education Competency should be listed directly under the competency. |
| **Changes to 1. *Integral* General Education Competency or Competencies:** |
| From:To: |
| **Changes to *Course Outcomes/Objectives* supporting each *Integral* competency:**From:To:  |
| **Changes to 2. *Supplemental* General Education Competency or Competencies:** |
| From:To:  |
| **Changes to *Course Outcomes/Objectives* supporting each *Supplemental* competency:**From:To:  |
| **Changes to IV - B: Florida Statute requirement****NOTE:** Part B is ONLY included on syllabi for *General Education Core courses.*All other syllabi (including *“other General Education”* courses) OMIT this statement. |
| **Are you requesting a course status change under part B?** | Choose an item. |
| **If YES,** **complete the sentence by selecting the appropriate option from the drop-down menu.** *B. In accordance with Florida Statute 1007.25 concerning the state’s general education core course requirements, this course meets the general education competencies for:*  | Choose an item. |
| **Changes to IV - C. Additional Course Learning Objectives or Outcomes****NOTE:** This section is for additional course-specific learning objectives that do not contribute to assessment of the General Education Competencies listed above. For all courses *other than the General Education Core courses,* this section will be labeled **IV -** **B:** on the course syllabus. |
| **Changes to Course Learning Objectives and/or Outcomes:**From: To:  |

**SECTION V: IMPACTS OF PROPOSED CHANGES AND FACULTY ENDORSEMENTS**

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| **Will the proposed change(s) affect the *budgets* of any programs or departments?** | No |
| List affected departments, programs, etc., and explain the *budgetary* impacts. |
| **Have you discussed the *academic and/or budgetary impact* of the proposed changes with affected parties, including Deans?** | N/A |
| Provide detailed information about your discussion:  |
| **Will the proposed change(s) impact Library services or budgets?** | No |
| **Have you discussed impacts with the Libraries’ Collection Manager?** | N/A |
| **Faculty Endorsements for Change of Course** **NOTE:** Proposals will be returned if faculty endorsements are not provided. |
| Elizabeth Whitmer, Sharon Fitzgerald  |

**SECTION VI: ATTACHMENTS**

**Please save all documents in Word format (.doc, .docx) rather than pdf.**

* **Impact Report:** Attach Impact Report results or a Summary of Programs, Certificates, and Courses impacted by the proposed course changes.
* **Catalog Changes:** Attach Word files [with Track Changes on] indicating changes to all Catalog pages that are affected by this Change of Course Proposal.
* **New Course Syllabus** [Master] reflecting proposed changes, as appropriate
	+ **INSTRUCTION:** To make changes to Syllabus Section IV, you will need to obtain an “unlocked” version of the Master Syllabus from your School’s Administrative Assistant. Use Word’s *Track Changes* function to show all proposed changes on the Syllabus Master.
* Any relevant supporting documents justifying changes

**UPLOAD THIS PROPOSAL AND ALL NECESSARY ATTACHMENTS TO CURRICULOG.**