WINONA STATE UNIVERSITY NEW AND REVISED COURSE AND PROGRAM APPROVAL FORM

Routing form for new and revised courses and programs.

Course or Program HERS 349 Practicum in Health Coaching

Department Recommendation				
Department Chair	3/3/14 Date	beelkre winena.edn e-mail address		
Dean's Recommendation Yes Dean of College	No* 3-3-/4/ Date			
*The dean shall forward their recommendate Academic Affairs.	tion to the chair of the depa	ertment, the chair of A2C2, and the Vice President for		
A2C2 Recommendation Approved	Disapprov	ed		
Chair of A2C2	Date			
Graduate Council Recommendation (if applicable)	Approved	Disapproved		
Chair of Graduate Council	Date			
Director of Graduate Studies	Date			
Faculty Senate Recommendation Approved Disapproved				
President of Faculty Senate	Date			
Academic Vice President Recommendation	Approved	Disapproved		
Academic Vice President	Date			
Decision of President Approved Disapproved				
President	Date			
Please forward to Registrar.				
Registrar Date entered	Please notify department cl	hair via e-mail that curricular change has been recorded.		

WINONA STATE UNIVERSITY PROPOSAL FOR A NEW COURSE

This form is to be used to submit a proposal for a new undergraduate or graduate course. Every item on this form must be completed prior to submission to A2C2. The department proposing a new course must include a *Financial and Staffing Data Sheet* and a *New and Revised Course and Program Approval Form* with the department chairperson's and Dean's signatures. Refer to Regulation 3-4, *Policy for Changing the Curriculum*, for complete information on submitting proposals for curricular changes.

Department Health, Exercise & Rehabilitative Sciences (HERS)		DateFebruary 28, 2014
249 Practicum in Formula Course No. Course Title	Health Coaching	<u>1</u> Credits*
This proposal is for a(n): X Undergraduate	e Course Graduate Course	
Is this course for USP?Yes** _X No	Is this course for GEP?Yes	** <u>X</u> No
List all Major Codes to which this proposal applies a	as a required course: N/A	
List all Major Codes to which this proposal applies a	as an elective course: N/A	
List all Minor Codes to which this proposal applies a	as a required course: N/A	
List all Minor Codes to which this proposal applies a	as an elective course: N/A	
Prerequisites <u>HERS 348 – Health Coaching: Free</u>	om Theory to Practice	
Grading method X Grade only P/N	NC only Grade and P/NC Option	
Frequency of offering Offered each semester		
What semester do you anticipate that will this course Note: The approval process for a new course typical		

Please provide all of the following information:

(Note: a syllabus or other documentation may not substitute for this)

A. Course Description

1. Description of the course as it will appear in the WSU catalog, including the credit hours, any prerequisites, and the grading method. If the course can be repeated, indicate the maximum number of credit hours for which this can be done.

Students will register for one-credit hour. The course may be repeated up to four times. This course will focus on practical experiences in Health Coaching with a patient population. Students will collaborate with practitioners and professional staff from Winona Health Services to provide essential services to community members as part of a Community Care Network. It is recommended that students complete two semesters of HERS 349. Prerequisites: HERS 348 – Health Coaching: From Theory to Practice. Grade Only. Offered each semester.

- 2. Course outline of the major topics, themes, subtopics, etc., to be covered in the course. This outline should be, at a minimum, a two-level outline, i.e., consisting of topics and subtopics. This information will be submitted to MnSCU by the WSU Registrar's office.
 - A. Professionalism
 - a. Dress
 - b. Image

^{*} If this course will change the number of credits for any major or minor, the form *Proposal for a Revised Program* must also be submitted and approved according to the instructions on that form.

^{**}For General Education Program (GEP) or University Studies (USP) course approval, the form *Proposal for General Education Courses* or *Proposal for University Studies Courses* must also be completed and submitted according to the instructions on that form.

- B. Communication
 - a. Oral
 - b. Written
 - c. Non-verbal

C. Meetings

- a. Completion of debriefing meetings
- b. Completion of charting
- c. Completion of CCN meetings/reports
- d. Completion of reflective paper
- e. Completion of supervisor evaluation

3.a Instructional delivery methods utilized: (Please check all that apply).

Auditorium/Classroom	ITV	Online	Web Enhanced	Web Supplemented
:				
Laboratory:	Service Learning	Travel Study	Internship/Practicum	ı X
Other: (Please indicate)			_	

3.b. MnSCU Course media codes: (Please check all that apply).

None: X	3. Internet	6. Independent Study	9. Web Enhanced
1. Satelli	te 4. ITV Sending	7. Taped	10. Web Supplemented
2. CD Ro	om 5. Broadcast TV	8. ITV Receiving	

4. Course requirements (papers, lab work, projects, etc.) and means of evaluation.

METHODS OF EVALUATION:

Weekly Meeting/Debriefing (14x10) Weekly Charting (14x5) CCN Team Meetings (3x20) Reflective Paper (1x20) Supervisor Evaluation (1x10)

5. Course materials (textbook(s), articles, etc.).

Winona Health charting expectations – in-service provided

6. List the student learning outcomes for this course and how each outcome will be assessed.

At the completion of this course, the student will be able to:

1.	Identify and describe how physical, social, emotional, intellectual and environmental factors influence health behaviors	meetings, reflective paper
2.	Apply behavior change theories/models within patient care	meetings, reflective paper
3.	Implement a series of evidence-based strategies for optimizing the healthcare outcomes and patient experiences of individuals with manageable risk factors	meetings
4.	Integrate a comprehensive series of bio-psycho-social insights into strategies for promoting positive self-health behaviors.	meetings, charting, reflective paper
5.	Contribute to an interdisciplinary team of health professionals that identifies/assesses adherence obstacles and care gaps, and provides suggestions/support for	Meetings, charting, reflective paper

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improving care coordination		
improving care coordination		
		improving care coordination

Phone

e-mail address

F. Review by Department A2C2 Representative

Name (please print)

B. Rationale

Provide a rationale for the new course. The rationale should include the following items.

1. A statement of the major focus of the course.

This course was designed as a collaborative effort between Winona Health and Winona State University. This course will allow real world experience with patient communication/care, which will enhance their ability to practice as a health care professional and further support applications to graduate programs of their choice.

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300 Level – students are expected to have base knowledge in personal and community health along with above average communication skills in order to successfully complete this course.

4. Identification of any courses which may be dropped, if any, if this course is implemented.

No courses will be dropped for this course.

C. Impact of This Course on Other Departments, Programs, Majors, and Minors

Provide a statement of the impact of this course on other departments, programs, majors, and minors.

1. Clearly state the impact of this course on courses taught in other departments. Does this course duplicate the content of any other course? Is there any effect on prerequisites for this or any other courses?

This course does not duplicate or impact courses taught in other Departments. We would encourage pre-professional students in physical therapy, physician assistants and medicine to enroll.

2. Would approval of this course change the total number of credits required by any major or minor of any department? If so, explain the effects which this course would have.

NO

3. If this course has an impact on the major or minor of any other department or program, it is the responsibility of the department submitting the course proposal to send written notification to the department(s) or program(s) affected. State clearly which other programs are affected by this proposal and whether the other departments have been notified and/or consulted. Attach letter(s) of understanding from impacted department(s).

N/A

D. Attach to This P	roposal a	Completed
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- 1. Financial and Staffing Data Sheet
- 2. New and Revised Course and Program Approval Form
- E. Department Contact Person for this Proposal:

Michelle Darst	X 2 2 1 3	MDarst@winona.edu
Name (please print)	Phone	e-mail address

F. Review by Department A2C2 Representative

I have reviewed this proposal and certify that it is complete

Signature of A2C2 representative

I have reviewed this proposal and certify that it is complete		
	Signature of A2C2 representative	

Definitions for codes in 3a and 3b:

- 01-Satellite:
- 02- CD ROM:
- 03- Internet: Predominately = where all, or nearly all, course activity occurs in an online environment. One to two activities may occur face-to-face in a classroom, with the maximum being two activities.
- 04 ITV Sending: a course in which students are in the classroom with the instructor, other students join via interactive television technology from other geographically separate locations
- 05 Broadcast TV:
- 06 Independent Study: a course in which the teacher develops specialized curriculum for the student(s) based on department guidelines in the University course catalog
- 07 Taped: a course in which the teacher records the lessons for playback at a later date
- 08 ITV Receiving: a course in which students are not in the classroom with the teacher, other students join via interactive television technology from other geographically separate locations
- 09 Web Enhanced- Limited Seat Time: For a course in which students are geographically separate from the teacher and other students for a majority of required activities. However, some on-site attendance is required. The course includes synchronous and/or asynchronous instruction.
- 10 Web Supplemented- No Reduced Seat Time: For a course utilizing the web for instructional activities. Use of this code may assist your college/university in tracking courses for "smart classrooms" and/or facility usage.