|  |  |
| --- | --- |
| For Academic Affairs and Research Use Only | |
| Proposal Number | NHP91 |
| CIP Code: |  |
| Degree Code: |  |

**NEW OR MODIFIED COURSE PROPOSAL FORM**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

|  |
| --- |
| **[X]New Course, [ ]Experimental Course (1-time offering), or []Modified Course (Check one box)** |

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

|  |  |
| --- | --- |
| Tiffany Sterling 9/29/2022 **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Tiffany Sterling 9/29/2022 **Department Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Head of Unit (if applicable)** |
| \_\_Amy Hyman\_\_\_\_\_ 10/21/2022  **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| Mary Elizabeth Spence 9/29/2022 **Office of Assessment (new courses only)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
| \_Scott E. Gordon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10-21-22 **College Dean** | \_\_\_\_ Alan Utter \_\_\_\_\_\_\_\_\_\_ 11.15.22  **Vice Chancellor for Academic Affairs** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **General Education Committee Chair (if applicable)** |  |

1. **Contact Person (Name, Email Address, Phone Number)**

Tiffany Sterling, rsterling@astate.edu, 680-8598

1. **Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2023; Bulletin year 2023-2024

**Instructions:**

*Please complete all sections unless otherwise noted. For course modifications, sections with a “Modification requested?” prompt need not be completed if the answer is “No.”*

|  |  |  |
| --- | --- | --- |
|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)**  *(Indicate “N/A” if no modification)* |
| **Prefix** |  | **NS** |
| **Number\*** |  | **4653** |
| **Title**  (include a short title that’s 30 characters or fewer) |  | **Medical Nutrition Therapy** |
| **Description\*\*** |  | Exploration of medical nutrition therapy for various disease states. Prerequisites, BIO 2201, BIO 2203, BIO 2221, BIO 2223, NS 2203. Fall. |

***\**** Confirm with the Registrar’s Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*.

\*\*Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

\*It has been confirmed with the Registrar’s Office that this course number is available.

1. **Proposed prerequisites and major restrictions** **[Modification requested? Yes/No]**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

1. **Yes** Are there any prerequisites?
   1. If yes, which ones?

BIO 2201; BIO 2203; BIO 2221; BIO 2223; NS 2203;

* 1. Why or why not?

Students need a good foundation of knowledge in basic human nutrition and anatomy before beginning Medical Nutrition Therapy.

1. **NO** Is this course restricted to a specific major?
   1. If yes, which major? Enter text...
2. **Proposed course frequency [Modification requested? Yes/No]**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, “irregular.”) *Not applicable to Graduate courses.*

Fall

1. **Proposed course type [Modification requested? Yes/No]**

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

Lecture only

1. **Proposed grade type [Modification requested? Yes/No]**

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])

Standard Letter

1. **NO** Is this course dual-listed (undergraduate/graduate)?
2. **NO** Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

**a.** – If yes, please list the prefix and course number of the cross-listed course.

Enter text...

**b.** – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

Enter text...

1. **NO** Is this course in support of a new program?

a. If yes, what program?

Enter text...

1. **NO** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

Enter text...

**Course Details**

1. **Proposed outline** **[Modification requested? Yes]**

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

|  |  |
| --- | --- |
| Week 1: | Nutrition Therapy in Health Care |
|  | 1. Role of the RDN and Other Health Professionals |
|  | 1. Health Care Systems and Policy |
|  | 1. Coding and billing for reimbursement for Medical Nutrition Therapy (MNT) |
| Week 2: | Nutrition Care Process (NCP) Review and Update |
|  | 1. NCP Steps |
|  | 1. Diet Analysis |
|  | 1. Laboratory Data |
|  | 1. Nutrient Needs and Calculations |
| Week 3: | Medications and Food |
|  | 1. Food-drug Interactions |
|  | 1. Medical Nutrition Therapy |
| Week 3 & 4: | Nutrition Support |
|  | 1. Enteral Nutrition |
|  | 1. Parenteral Nutrition |
|  | 1. Ethical Issues |
| Week 5: | MNT for Basic Disease States |
|  | 1. Overweight/Obesity/Underweight |
|  | 1. Eating Disorders |
| Week 6: | 1. Immune System/Hypersensitivity |
|  | 1. Cardiovascular Disease |
| Week 7: | 1. Upper & Lower GI Tract Disease |
|  | 1. Anemia |
| Week 8, 9, & 10: | 1. Diabetes Mellitus |
|  | 1. Fluid, Electrolyte and Acid-Base Balance |
| Week 11: | 1. Hepatobiliary and Pancreatic Disorders |
| Week 12: | 1. Renal Disorders |
| Week 13: | 1. Neurological Disorders |
|  | 1. Metabolic and Respiratory Stress/ Metabolic Disorders (Inborn Errors of Metabolism) |
| Week 14: | 1. Malnutrition/Nutrition Focused Physical Assessment |
| Week 15: | 1. Cancer and HIV/AIDS |

1. **Proposed special features** **[Modification requested? Yes/No]**

(e.g. labs, exhibits, site visitations, etc.)

N/A

1. **Department staffing and classroom/lab resources**

Department faculty will teach this course

1. Will this require additional faculty, supplies, etc.?

NO

1. **NO** Does this course require course fees?

*If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Justification**

**Modification Justification (Course Modifications Only)**

1. Justification for Modification(s)

**New Course Justification (New Courses Only)**

1. Justification for course. Must include:

a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

The course goals are:

• Demonstrate knowledge and skill using medical nutrition therapy, evidence-based guidelines.

* Students will demonstrate how to locate, interpret, evaluate and use professional literature to make ethical, evidence-based practice decisions.
* Students will select and use appropriate current information technologies to locate and apply evidence-based guidelines and protocols.

• Practice and refine skills in use of the nutrition care process

* Students will use the Nutrition Care Process to assess nutritional parameters, diagnose nutrition related problems, determine appropriate nutrition interventions, and develop plans to monitor the effectiveness of these interventions.

• Build foundation of knowledge related to nutrition care for variety of medical conditions

* Students will describe medical nutrition therapy for various medical conditions.

b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

By completing this course, students will have nutrition related knowledge necessary to begin the master’s in nutrition and dietetics degree program. The current mission of the dietetics program states “The Dietetics Program at Arkansas State University seeks to meet the need for registered dietitians in the delta region and beyond by providing quality, equitable, and inclusive education and experiences for all students.”

c. Student population served.

Undergraduate students who are pursuing the minor in nutritional science

d. Rationale for the level of the course (lower, upper, or graduate).

This course builds on knowledge and skills developed in lower level courses and will provide base knowledge for those wanting to complete the master’s degree in nutrition and dietetics.

**Assessment**

**Assessment Plan Modifications (Course Modifications Only)**

1. **Yes/No** Do the proposed modifications result in a change to the assessment plan?

*If yes, please complete the Assessment section of the proposal*

**Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is “Yes”)**

1. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Minors are not formally assessed. This is a course that will provide students with base knowledge on Medical Nutrition Therapy. Accreditation does not require a bachelor’s degree in dietetics to complete a master’s degree; however, a base knowledge is still required, and this course provides that information to students before they begin the master’s degree.

1. Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

|  |  |
| --- | --- |
| **Program-Level Outcome 1 (from question #19)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome. |
| Assessment  Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

*(Repeat if this new course will support additional program-level outcomes)*

**Course-Level Outcomes**

1. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

|  |  |
| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure | What will be your assessment measure for this outcome? |

*(Repeat if needed for additional outcomes)*

**Bulletin Changes**

|  |
| --- |
| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.** |

<https://catalog.astate.edu/preview_program.php?catoid=3&poid=691&returnto=75>

NS 4653 Medical Nutrition Therapy: Exploration of medical nutrition therapy for various disease states. Prerequisites, BIO 2201, BIO 2203, BIO 2221, BIO 2223, NS 2203. Fall.