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| **Contra Costa College**  **NEW COURSE/SUBSTANTIAL COURSE CHANGE PROPOSAL 2013-14**  ***PLEASE CHOOSE PROPOSAL BELOW BY MARKING WITH AN “X”:***   |  |  | | --- | --- | | *x* | **NEW COURSE** | |  | **SUBSTANTIAL CHANGE** |   **Information on Course Basics (CB01-24) may be found at** [**http://extranet.cccco.edu/Divisions/TechResearchInfoSys/MIS/DED/Course.aspx**](http://extranet.cccco.edu/Divisions/TechResearchInfoSys/MIS/DED/Course.aspx)  ***For Substantial Change, please mark an "X" in the box of the item(s) that has been revised***   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | (CB03) Change in TOP Code |  | (CB 07)Minimum Unit Value |  | | (CB 21) Prior to college level | | |  | (CB 04) Credit status (D/ND) |  | (CB 08) Basic Skills status |  | | (CB 22) Non-credit status | | |  | (CB 06)Maximum Unit Value |  | (CB 09) SAM Code | |  | |  | | |

***Additional changes that may be included with Substantial Change***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Department |  | Course Title |  | Hours per semester |
|  | Course Number |  | Repeatability |  | Pre/Co-requisite/Advisory |
|  | Course Description |  | Grade Option |  | Other (*include in justification statement*) |
|  | Open Entry/Open Exit |  | AA/AS Degree Requirements/Transfer | | |

***New Courses - Departmental Goals Justification Statement, or Substantial Changes Justification Statement***

|  |
| --- |
| This course is to be part of the required curriculum for a new Certificate of Achievement in the MEDIC program-Patient Navigator and Health Coach. This course/certificate is designed to provide students with greater employability and to meet new workforce demands. |

**SECTION A: TO BE COMPLETED BY COURSE PROPOSER**

|  |  |
| --- | --- |
| **Discipline(s) attached to Course** | Health / Health Care Ancillaries |

|  |  |
| --- | --- |
| **CB01-Program Name/Number** | **MEDIC 232** |

|  |  |
| --- | --- |
| **CB02-Course Title *(limited to 38 character spaces)*** | **Patient Navigator and Health Coach I** |

|  |  |
| --- | --- |
| **Course/Catalog Description** | This course is designed to give students an introduction to the roles of patient navigator and/or health coach. These roles involve guiding patients/clients toward achieving optimal health by utilizing the resources of the health care system. These roles also include coaching patients/clients for increasing their involvement in the management of their own health. Topics include: an introduction to public health and health care policy in the U.S., cultural humility, principles for working with clients in the community, and conducting effective initial client interviews. |

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| **Course/Schedule Description (shortened version)** | | This course is designed to give students an introduction to the roles of the patient navigator and/or health coach, who guide patients/clients in navigating the health care system and who coach them for greater self-management of their health. | |
| **District-wide Family Designation (if applicable)** |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Open entry/open exit** | **Yes** |  | **No** | x | **Grade Option:** | **LG** | x | **SC** |  | **P/NP** |  | **Materials Fee:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hours per 18 week semester:** | **Lecture** | 36 | **Lab** |  | **HBA (Lecture)** |  | **HBA (Lab)** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **CB04-Credit Status** | **D** | D-Credit Degree Applicable |  | C-Credit Non-Degree Applicable |  | N-Non-Credit |

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| **CB05-Transfer Status** |  | A-Transferable to UC and CSU | B | B-Transferable to CSU Only |  | C- Not transferable |

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| **CB07- Minimum Unit Value** | **2.0** |

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| --- | --- |
| **CB06- Maximum Unit Value** | **2.0** |

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| **CB08-Basic Skills Status** |  | B-Course is a basic skills course. | N | N-Course is not a basic skills course. |

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| **Prerequisite(s)** |  |

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| --- | --- |
| **Co-requisite(s)** | Medic 150 |

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| --- | --- |
| **Advisory** |  |

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| --- |
| AA /AS DEGREE REQUIREMENTS |
| **General Education Area:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. |  | Language & Rationality |  | 1. English Composition |  | 2. Oral Communication & Critical Thinking |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B. |  | Natural Science w/ Lab | | | | | | |
| C. |  | Arts and Humanities | | | | | | |
| D. |  | Social Sciences | | | | | | |
| E. |  | Mathematics Proficiency | | | | | | |
| F. |  | Health Education | | | | | | |
| G. |  | Physical Education Activity | | | | | | |
| H. |  | Information Competency | | | | | | |
| I. |  | Program Major (attach Change to Major form) **\*See inclusion in the Liberal Arts major below** | | | | | | |
|  | This course will be included in the Liberal Arts major (attach Change to Major form) | | | | | |
|  | Communication in the English Language |  | Math and Science | |
|  | Arts & Humanities |  | Social &Behavioral Science | |
| J. | x | Elective Degree Credit Only | | | | | | |

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| **Recommend Transfer to a 4-year institution.** | Yes |  | No | x |

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| x | Recommend transfer to CSU system | x | Elective credit only |  | Request C-ID articulation | C-ID Name/Number |  |

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| --- | --- | --- |
|  | Recommend for Major In: |  |

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| --- | --- |
|  | Recommend for CSU General Education Breadth Requirements |

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| --- | --- | --- | --- |
| Area A: | Communication & Critical Thinking | Area D: | Social & Behavioral Sciences |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | A1. Oral Communication | |  | D1. Anthropology & Archeology |
|  | | A2. Written Communication | |  | D2. Economics |
|  | | A3.Critical Thinking | |  | D3. Ethnic Studies |
|  | D4. Gender Studies |
| Area B: | | Natural Science | | |  | D5. Geography |
|  | | B1. Physical Science |  | D6. History | |
|  | | B2. Life Science |  | D7. Inter-discipline & Social/Behavioral Science | |
|  | | B3. Lab Activity |  | D8. Political Science & Government | |
|  | | B4. Math/Quantitative Reasoning |  | D9. Psychology | |
|  | D10. Sociology & Administration of Justice |

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| Area C: | Arts & Humanities | | Area E: |  | Life-Long Understanding & Self-Development |
|  | C1. Applied Arts | | | | |
|  | C2. Humanities | |  | U. S. History, Constitution & American Ideals | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Recommend transfer to UC state-wide system. List comparable course offered at a UC campus. | | | | | | | | |
| Course Title | | |  | | UC Campus Location | |  |
|  | Recommend for Major In: | |  | |

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| --- | --- |
|  | Recommend transfer to UC Berkeley |

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|  | Recommend for Major In: | | | |  | | | |
|  | Recommend for UC Letters & Sciences: | | | | | | |
|  | Essential Skills |  | | |
|  | | | | |
|  | Seven-Course Breadth | | |  |

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|  | Recommend transfer to UC Davis |

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| --- | --- | --- |
|  | Recommend for Major In: |  |

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|  | Recommend for UC Davis G.E. | | | | | |
|  | Topical Breadth Component | |  |
|  | | | |
|  | Core Literacies |  | |

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| --- | --- |
|  | Recommend for IGETC |

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| --- | --- | --- | --- | --- |
| Area 1A: |  | English Composition | | |
| Area 1B: |  | Critical Thinking - English Composition | | |
| Area 1C: |  | Oral Communication | | |
| Area 2: |  | Mathematical Concepts & Quantitative Reasoning | | |
| Area 3: |  | Arts & Humanities | | |
| Area 4: |  | Social & Behavioral Sciences | | |
| Area 5: |  | Physical & Biological Sciences | | |
| Area 6: |  | Language other than English (UC only) |  | U.S. History, Constitution & American Ideals |

**SECTION B: TO BE COMPLETED BY PROPOSER/DEAN**

**Information on Course Basics (CB01-24) may be found at** <http://extranet.cccco.edu/Divisions/TechResearchInfoSys/MIS/DED/Course.aspx>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Repeatability** | x | No Repeat |  | Petition to Repeat (Academic competition/PEIC/DSPS/required for transfer major only) |

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| --- | --- |
|  | Non-Credit Course (can be repeated indefinitely) |

Justification for repeatability (attach documentation)

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| **Department Name/Code** | MEDIC 232 |

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| --- | --- | --- |
| **CB03-TOP Code** | **1208.00** |  |

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| **CB09-SAM Code**  *(A-D CTE Only)* |  | A-Apprenticeship |  | B-Advanced Occupational | **C** | C-Clearly  Occupational |  | D-Possibly  Occupational |  | E-Non- Occupational |  | **F- Transferable** |
|  |  |  |  |  |  | **Non-Occupational** |

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| **CB10-Coop Work Experience** | **N** | N-Not part of a cooperative work experience education program. |  | C-Is part of a cooperative work experience education program. |
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| **CB11-Cassification Status** | **Y** | Y-Credit Course |  | J-Workforce Preparation Enhanced Funding |  | K- Other Noncredit Enhanced Funding |  | L-Non- Enhanced Funding |
|  |  |  |  |

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| **CB13-Approved Special Class** |  | **S-**Approved for students with disabilities | **N** | **N-**Not approved as a special class |

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| **CB21-Course Prior to College Level** | **x** | Not Applicable |  | A-1level below transfer |  | B-2 levels below transfer |
| **(for English, Writing, Reading, Math** |  | C-3 levels below transfer |  | D-4 levels below transfer |  | E-5 levels below transfer |
| **and ESL courses only)** |  | F-6 levels below transfer |  | G-7 levels below transfer |  | H-8 levels below transfer |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CB22-Course Non-credit Category** |  | A -ESL |  | B- Citizenship for Immigrants | | |  | C-Elementary and Secondary Basic Skills | | |
|  |  | D-Health and Safety | | |  | E-Persons with Substantial Disabilities | | |  | F-Parenting |
|  |  | G-Home Economics | | |  | H-Courses for Older Adults | | |  | I-Short-term Vocational |
|  |  | J-Workforce Preparation | | | | | | | Y | Y-Credit Course |

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| --- | --- | --- |
| **CB23-Funding Agency Category** |  | A-This course was primarily developed using Economic Development funds. |
|  | B | B-This course was partially developed using Economic Development funds. |
|  |  | Y-Not applicable. |

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| --- | --- | --- | --- | --- |
| **CB24-Course-Program Status** |  | 1-Program Applicable | **2** | 2-Not Program Applicable |

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| **PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR:**  **NEW COURSES:**   1. Outline in current format (2013-14) 2. Pre/Co-requisite/Advisory Validation Form(s) and documentation (if applicable) 3. Course-level SLO 4. A computerized textbook reading level analysis   or  Justification statement that may include the following:   * Publisher statement verifying the readability as college level * Universities where the text is currently being used   **SUBSTANTIAL CHANGES:**   1. Revised outline in current format (applicable only if revision affects the current outline**)** 2. Current outline (applicable only if revised outline is submitted**)** 3. Any other new or revised documents that may have been affected by this revision   **The original signed hard copy and the electronic version of the entire course proposal must be sent to CIC Office at least two weeks prior to proposal being included on the next CIC agenda.** |

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| **Course name and number:** | MEDIC 232: Patient Navigator and Health Coach I |

**SECTION C: TO BE COMPLETED BY PROPOSER/COLLEGE VICE-PRESIDENT**

***(Required for New Courses Only. Signature must be received before the course approval process continues)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **College Vice-President** | Tammeil Gilkerson | **Class Maximum:** | 40 | **Date:** |  |
|  | | | | | |

**SECTION D: SIGNATURES OF REVIEWERS AND CICAPPROVAL**

**Reviewed by:**

**(Print or Type Name/Signature)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty originator** | Julie Shieh-Cook | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Chair** | Aminta Mickles | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Division Dean** | Susan Lee | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Director of Library Services** |  | **Date:** |  |
| ***(Required for New Courses Only)*** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DIC Chair** | Andrew Kuo | **Date:** |  |

**Approved by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CIC Chair** | Gabriela Segade | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **College Vice-President** | Tammeil Gilkerson | **Date:** |  |

|  |  |
| --- | --- |
| **This course/revision can be offered:** | Fall 2015 |
|  | *Semester/Year* |

|  |
| --- |
| **This course should be published in:** *(Check one and note Fiscal Year/Year)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| x | **Summer/Fall Catalog** | 2015-2016 |  |  | **Spring Catalog Addendum** |  |

*Fiscal Year Year*

**Distribution:** Instruction Office (original), Articulation Office, Admissions and Records Office, Faculty Originator, Department Chair, and Division Office