

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

## NEW OR MODIFIED COURSE PROPOSAL FORM

Undergraduate Curriculum Council

Graduate Council

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.

Dr, Mark Foster 4/4/2023  
**Department Curriculum Committee Chair**

ENTER DATE...  
**COPE Chair (if applicable)**

Dr. Mark Foster 4/4/2023  
**Department Chair**

ENTER DATE...  
**Head of Unit (if applicable)**

Amy Hyman  04/11/2023  
**College Curriculum Committee Chair**

ENTER DATE...  
**Undergraduate Curriculum Council Chair**

Mary Elizabeth Spence 4/5/2023  
**Office of Accreditation and Assessment (new courses only)**

ENTER DATE...  
**Graduate Curriculum Committee Chair**

Scott E. Gordon  4-11-23  
**College Dean**

Len Frey  5/1/23  
**Vice Chancellor for Academic Affairs**

ENTER DATE...  
**General Education Committee Chair (if applicable)**

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

Mark Foster

[smfoster@astate.edu](mailto:smfoster@astate.edu)

870-972-3612

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

Fall 2024 Bulletin 2024-25

**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."*

3.

	Current (Course Modifications Only)	Proposed (New or Modified) <i>(Indicate "N/A" if no modification)</i>
Prefix		NURS
Number*		6122
Title (include a short title that's 30 characters or fewer)		PMHNP Practicum II
Description**		Clinical treatment of adolescents with psychiatric diagnoses. Prepares students to assess, diagnose, and treat adolescents and families in crisis. Interprets validated clinical scales/tools as well as performance and management of therapeutic and technologic interventions. Prerequisites, NURS 6003, NURS 6013, NURS 6023, NURS 6063, NURS 6073. Restricted to Master of Science in Nursing-Psychiatric Mental Health Nurse Practitioner Concentration program.

\* 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.* This course prefix has been approved by the registrar's office.

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

**4. 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).

a. Yes Are there any prerequisites?

a. If yes, which ones?

NURS 6103, Research Design and Methodology

NURS 6203, Theory Development in Nursing

NURS 6303, Health Care Issues and Policy

NURS 6402, Professional Role Development in Advanced Nursing

NURS 6003, Advanced Clinical Physiology

NURS 6013, Advanced Clinical Pharmacology

NURS 6023, Advanced Assessment and Diagnostic Evaluation

NURS 6063 Psychotherapy for Clinical Practice

NURS 6073 Advanced Psychopharmacology

NURS 631V PMHNP Seminar I

NURS 632V PMHNP Seminar II

NURS 633V PMHNP Seminar III

NURS 634V PMHNP Seminar IV

b. Why or why not?

These pre-requisites courses provide essential foundational knowledge to be successful in clinical practicum courses.

b. Yes Is this course restricted to a specific major?

a. If yes, which major? Graduate Nursing

**5. Proposed course frequency** [Modification requested? Yes/No]

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

Enter text...

**6. Proposed course type** [Modification requested? 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.

Clinical

**7. Proposed grade type** [Modification requested? No]

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

**8. No** Is this course dual-listed (undergraduate/graduate)?

**9. 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...

10. **Yes** Is this course in support of a new program?

- a. If yes, what program?  
Psychiatric Mental Health Nurse Practitioner

11. **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

12. **Proposed outline** [Modification requested? No]

(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	Topics	Assignments
1	Clinical Hours	Weekly clinical hour log Site Evaluation
2	Clinical Hours	Weekly clinical hour log
3	Clinical Hours	Weekly clinical hour log Discharge Planning
4	Clinical Hours	Weekly clinical hour log Clinical Problem Paper
5	Clinical Hours	Weekly clinical hour log Psychiatric Assessment
6	Clinical Hours Quality Improvement Paper	Weekly clinical hour log Final Due
7	Clinical Hours	Weekly clinical hour log

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

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

Site visitation

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

NA

- a. Will this require additional faculty, supplies, etc.?  
NA

15. **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)

#### 16. Justification for Modification(s)

Enter text...

### New Course Justification (New Courses Only)

#### 17. Justification for course. Must include:

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

1. Coordinates health care services for adolescents with acute, critical, and complex mental illnesses.
2. Coordinates comprehensive care in and across care settings for adolescents and families who have acute and on-going mental illnesses.
3. Provides leadership to facilitate the highly complex coordination and planning required for the delivery of care to adolescents in need of mental health services.
4. Uses therapeutic techniques and technology to improve outcomes for adolescents and families challenged with mental illness.
5. Applies advanced communication skills and processes to collaborate with caregivers and professionals to optimize health care outcomes for adolescents and families with acute, on-going or complex mental health challenges.

- 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.

The Psychiatric Mental Health Nurse Practitioner program would be the third nurse practitioner program in the nursing department, including Adult-Gerontology Acute Care and Family Nurse Practitioner programs. As with the other nurse practitioner programs, students who complete this program will be qualified to take the American Nurses' Credentialing Center's (ANCC) certification exam. All nurse practitioner programs in the department are accredited by Accreditation Commission for Education in Nursing (ACEN).

- c. Student population served.

Graduate Nursing

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

Graduate, Bachelor of Nursing Science required.



## Assessment

### Assessment Plan Modifications (Course Modifications Only)

**18. 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")

**19.** 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?

**20.** 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.*

<b>Program-Level Outcome 1</b>	Synthesize theories and concepts from nursing the arts, humanities, sciences, and evidence-based practice to guide clinical judgment in nursing practice.
Assessment Measure	Clinical evaluation tool
Assessment Timetable	Annually
Who is responsible for assessing and reporting on the results?	Program Director Internal Committee

<b>Program-Level Outcome 2</b>	Develop person-centered care while respecting diversity and the unique determinants of individuals and populations
Assessment Measure	Clinical evaluation tool
Assessment	Annually

Timetable	
Who is responsible for assessing and reporting on the results?	Program Director Internal Committee

<b>Program-Level Outcome 3</b>	Assume leadership and collaborative roles in the planning, providing, and managing of services to influence policy for individuals, families, and populations
Assessment Measure	Clinical evaluation tool
Assessment Timetable	Annually
Who is responsible for assessing and reporting on the results?	Program Director Internal Committee

<b>Program-Level Outcome 4</b>	Demonstrate authentic leadership within complex health systems to improve safe, cost-effective, and quality health care for diverse populations.
Assessment Measure	Clinical evaluation tool Quality Improvement Project - Introduction
Assessment Timetable	Annually
Who is responsible for assessing and reporting on the results?	Program Director Internal Committee

**Course-Level Outcomes**

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

<b>Outcome 1</b>	Synthesizes data from a variety of sources, including clinical decision support technology, to make clinical decisions regarding appropriate management,
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	consultation, or referral for adolescents and families in need of mental health treatment.
Which learning activities are responsible for this outcome?	Precepted clinical experience
Assessment Measure	Clinical Evaluation Tool

<b>Outcome 2</b>	Develop appropriate differential diagnoses for adolescents with mental health care problems.
Which learning activities are responsible for this outcome?	Precepted clinical experience
Assessment Measure	Clinical Evaluation Tool

<b>Outcome 3</b>	Employ appropriate diagnostics and therapeutic interventions.
Which learning activities are responsible for this outcome?	Precepted clinical experience
Assessment Measure	Clinical Evaluation Tool

<b>Outcome 4</b>	Prescribes medications maintaining awareness of and monitoring for adverse drug outcomes and medical regimens, especially in high risk and vulnerable adolescents.
Which learning activities are responsible for this outcome?	Precepted clinical experience
Assessment Measure	Clinical Evaluation Tool

<b>Outcome 5</b>	Coordinates health care services for adolescents and families with acute, critical, and complex mental health illnesses.
Which learning activities are responsible for this outcome?	Precepted clinical experience
Assessment Measure	Clinical Evaluation Tool- Psychiatric Assessment write up



# Bulletin Changes

## Instructions

Please visit <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/content.php?catoid=4&navoid=113>

### BEFORE

NURS 6122

PMHNP Practicum II

Clinical treatment of adolescents with psychiatric diagnoses. Prepares students to assess, diagnose, and treat adolescents and families in crisis. Interprets validated clinical scales/tools as well as performance and management of therapeutic and technologic interventions. Prerequisites, NURS 6003, NURS 6013, NURS 6023, NURS 6063, NURS 6073. Restricted to Master of Science in Nursing-Psychiatric Mental Health Nurse Practitioner Concentration program.

### AFTER

NURS 6122

PMHNP Practicum II

Clinical treatment of adolescents with psychiatric diagnoses. Prepares students to assess, diagnose, and treat adolescents and families in crisis. Interprets validated clinical scales/tools as well as performance and management of therapeutic and technologic interventions. Prerequisites, NURS 6003, NURS 6013, NURS 6023, NURS 6063, NURS 6073. Restricted to Master of Science in Nursing-Psychiatric Mental Health Nurse Practitioner Concentration program.