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| For Academic Affairs and Research Use Only |
| CIP Code:  |  |
| Degree Code: |  |

**Course Revision Proposal Form**

**[ ] Undergraduate Curriculum Council**

**[x] Graduate Council**

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

Email completed proposals to curriculum@astate.edu for inclusion in curriculum committee agenda.

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| Dr, Angela Schmidt, Interim 10/30/2017**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Dr. Angela Schmidt, Interim 10/30/2017**Department Chair:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Head of Unit (If applicable)**   |
| Deanna Barymon 11/3/2017**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| Susan Hanrahan 11/6/17 Enter date…**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |

**General Education Committee Chair (If applicable)**   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |

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

Dr. Mark Foster

smfoster@astate.edu

2. Proposed Starting Term and Bulletin Year for Change to Take Effect

Fall 2018

3. Current Course Prefix and Number

Nurs 6614

3.1 – **[Yes]** Request for Course Prefix and Number change

 If yes, include new course Prefix and Number below. *(Confirm that number chosen has not been used before. For variable credit courses, indicate variable range. Proposed number for experimental course is 9. )*

 Nurs 6615

3.2 – Yes /T. Finch. If yes, has it been confirmed that this course number is available for use?

 *If no: Contact Registrar’s Office for assistance.*

4. Current Course Title

NURS 6614 FNP Clinical Management II Practicum

 4.1 – **[NO]** Request for Course Title Change

 If yes, include new Course Title Below.

 NA

1. If title is more than 30 characters (including spaces), provide short title to be used on transcripts. *Title cannot have any symbols (e.g. slash, colon, semi-colon, apostrophe, dash, and parenthesis).*

NA

1. Please indicate if this course will have variable titles (e.g. independent study, thesis, special topics).

NA

5. – **[NO ]** Request for Course Description Change.

 If yes, please include brief course description (40 words or fewer) as it should appear in the bulletin.

 NA

6. – [NO ] Request for prerequisites and major restrictions change.

*(If yes, 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 / No** Are there any prerequisites?
	1. If yes, which ones?

No change. As stated in Bulletin: “ . Pre-requisites: NURS 6402, NURS 6103, NURS 6513, NURS 6512, NURS 6613. Pre- or co-requisite: NURS 6303. “ Page 353

* 1. Why or why not?

 NA

1. **Yes / No** Is this course restricted to a specific major?
	1. If yes, which major? MSN Family Nurse Practitioner

7. – [NO ] Request for Course Frequency Change(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

 a. If yes, please indicate current and new frequency:

 NA

8. – [NO ] Request for Class Mode Change

*If yes, indicate if this course will be lecture only, lab only, lecture and lab, activity, dissertation, experiential learning, independent study, internship, performance, practicum, recitation, seminar, special problems, special topics, studio, student exchange, occupational learning credit, or course for fee purpose only (e.g. an exam)? Please* *indicate the current and choose one.*

 NA

9. – [NO ] Request for grade type change

*If yes, what is the current and the new grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])*

 NA

10. NO Is this course dual listed (undergraduate/graduate)?

 a. If yes, indicate course prefix, number and title of dual listed course.

 NA

11. 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.)*

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

 NA

**11.2** – NA Are these courses offered for equivalent credit?

 Please explain. Enter text...

12. NO Is this course change in support of a new program?

a. If yes, what program?

 NA

13. Yes Does this course replace a course being deleted?

a. If yes, what course?

NURS 6614 FNP Clinical Management II Practicum .

14. Yes Will this course be equivalent to a deleted course or the previous version of the course?

a. If yes, which course?

NURS 6614

15. NO Does this course affect another program?

If yes, provide confirmation of acceptance/approval of changes from the Dean, Department Head, and/or Program Director whose area this affects.

NA

16. Does this course require course fees? No

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

**Revision Details**

17. Please outline the proposed revisions to the course.

*Include information as to any changes to course outline, special features, required resources, or in academic rationale and goals for the course.*

 The clinical contact hours for this course will be increased from 240 hours to 300 hours. 1:4 Ratio, credit hours: clinical contact time

18. Please provide justification to the proposed changes to the course.

 The clinical contact hours are being increased in this practicum course to be more evenly distributed throughout the MSN Family Nurse Practitioner Option, Program of Study. The more evenly distributed clinical hours will help students to meet new guidelines set forth by the Arkansas State Board of Nursing. This proposed change will also increase clinical site availability for AState students. .

19. NO Do these revisions result in a change to the assessment plan?

 *\*If yes: Please complete the Assessment section of the proposal on the next page.*

 *\*If no: Skip to Bulletin Changes section of the proposal.*

***\*See question 19 before completing the Assessment portion of this proposal.***

**Assessment**

**University Outcomes**

20. Please indicate the university-level student learning outcomes for which this new course will contribute. Check all that apply.

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| * 1. **[ ]** Global Awareness
 | * 1. **[ ]** Thinking Critically
 | * 1. **[ ]** Information Literacy
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**Relationship with Current Program-Level Assessment Process**

21. 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?

Enter text...

22. Considering the indicated program-level learning outcome/s (from question #23), 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.*

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| **Program-Level Outcome 1 (from question #23)** | 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**

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

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| **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**

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| **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. Follow the following guidelines for indicating necessary changes.** **\*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.** - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)- New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font). - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)*You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.* *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

Paste bulletin pages here...

232 The bulletin can be accessed at http://www.astate.edu/a/registrar/students/

Family Nurse Practitioner

Master of Science in Nursing

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| **University Requirements:**  |
| See Graduate Degree Policies for additional information (p. 35)  |
| **Core Courses:**  | Sem. Hrs.  |
| NURS 6103, Research Design and Methodology  | 3  |
| NURS 6203, Theory Development in Nursing  | 3  |
| NURS 6303, Health Care Issues and Policy  | 3  |
| NURS 6402, Professional Role Development in Advanced Nursing  | 2  |
| Sub-total  | 11  |
| **Support Courses:**  | Sem. Hrs.  |
| NURS 6003, Advanced Clinical Physiology  | 3  |
| NURS 6013, Advanced Clinical Pharmacology  | 3  |
| NURS 6023, Advanced Assessment and Diagnostic Evaluation  | 3  |
| NURS 689V, Thesis Option  | 0-6  |
| Sub-total  | 9-15  |
| **Advanced Practice Courses:**  | Sem. Hrs.  |
| NURS 6513, FNP Clinical Management I  | 3  |
| NURS 6514, FNP Clinical Management I Practicum  | 4  |
| NURS 6613, FNP Clinical Management II  | 3  |
| ~~NURS 6614, FNP Clinical Management II Practicum~~ *NURS 6615 FNP Clinical Management II Practicum*  | ~~-4~~  5 |
| NURS 6753, FNP Synthesis Seminar  |  5 |
| ~~NURS 6818, FNP Clinical Synthesis~~ NURS 6815 FNP CLINICAL SYNTHESIS | ~~8~~  5  |
| Sub-total  | ~~25~~  23 |
| **Total Required Hours:**  | ~~45-51~~ 43-49  |

**~~NURS 6614.~~ NURS 6615**FNP Clinical Management II PracticumThe clinical application of theoretical bases for management of clients and families who have minor or chronic health problems. Pre-requisites: NURS 6402, NURS 6103, NURS 6513, NURS 6512, NURS 6613. Pre- or co-requisite: NURS 6303. Page 353