NEW COURSE PROPOSAL

DATE   NOVEMBER 30, 2005
PROGRAM AREA   NURSING

1. **Catalog Description of the Course.** *[Follow accepted catalog format.]*

   Prefix NRS Course# 488 Title TRANSITION TO PROFESSIONAL NURSING PRACTICE Units (2)
   4 hours lab per week
   ☐ Prerequisites
   ☒ Corequisites NRS 452, NRS 453
   Description Reviews the essentials of assessment, nursing diagnosis, goal setting, implementation and evaluation in multiple health deviations and across the life span. Assessment of the student's basic nursing knowledge will be performed using a standardized nursing examination. Clinical decision making in a variety of patient care situations and case scenarios with emphasis on utilization of the steps of the nursing care process. Graded Credit/No Credit.

	Graded	
☐ Gen Ed	☒ CR/NC	☐ Repeatable for up to units
Categories		
☐ Lab Fee Required	☐ A - Z	Total Completions Allowed 1

2. **Mode of Instruction.**

	Units	Hours per Unit	Benchmark Enrollment	Graded Component	CS # (filled in by Dean)
Lecture				☐	
Seminar				☐	
Laboratory	2	2	12	☒	
Activity				☐	

3. **Justification and Learning Objectives for the Course.** (Indicate whether required or elective, and whether it meets University Writing, and/or Language requirements) *[Use as much space as necessary]*
   This content is considered essential to professional nursing practice and is recommended as part of any baccalaureate program seeking accreditation through The Commission on Collegiate Nursing Education (CCNE), accreditating agency of the American Association of Colleges of Nursing (AACN).

   Upon completion of this course the student will be able to:

   1. Successfully complete a standardized NCLEX performance predictor examination related to nursing knowledge.

   2. Identify the areas of basic pre-licensure nursing content that have been satisfactorily mastered.

   3. Identify the areas of basic pre-licensure nursing content that need to be remediated.

4. **Is this a General Education Course**   YES ☐   NO ☒
   If Yes, indicate GE category and attach GE Criteria Form:

   A (English Language, Communication, Critical Thinking)
   A-1 Oral Communication   ☐
   A-2 English Writing   ☐
   A-3 Critical Thinking   ☐
   B (Mathematics, Sciences & Technology)
   B-1 Physical Sciences   ☐
   B-2 Life Sciences – Biology   ☐
   B-3 Mathematics – Mathematics and Applications   ☐
   B-4 Computers and Information Technology   ☐
   C (Fine Arts, Literature, Languages & Cultures)
   C-1 Art   ☐

C-2 Literature Courses	☐
C-3a Language	☐
C-3b Multicultural	☐
D (Social Perspectives)	☐
E (Human Psychological and Physiological Perspectives)	☐
UD Interdisciplinary	☐

5. **Course Content in Outline Form.** *[Be as brief as possible, but use as much space as necessary]*

    I.   Review assessment and communication skills
    II. Review basic nursing clinical skills and basic nursing procedures
    II. Review of the nursing care of medical/surgical patients in the acute care setting
    III Review of the nursing care of pediatric patients in the acute care and community settings
    IV. Review of the nursing care of child rearing patients in the acute care and community settings.
    V.   Review of the nursing care of psychiatric/mental health patients in acute care and community settings.

    Does this course overlap a course offered in your academic program? YES ☐ NO ☒
    If YES, what course(s) and provide a justification of the overlap?

    Does this course overlap a course offered in another academic area? YES ☐ NO ☒
    If YES, what course(s) and provide a justification of the overlap?
    Signature of Academic Chair of the other academic area is required on the consultation sheet below.

6. **Cross-listed Courses (Please fill out separate form for each PREFIX)**
    List Cross-listed Courses

    Signature of Academic Chair(s) of the other academic area(s) is required on the consultation sheet below

    Department responsible for staffing:

7. **References.** *[Provide 3 - 5 references on which this course is based and/or support it.]*

    No new references, review of previous textbooks based on GNP performance

8. **List Faculty Qualified to Teach This Course.**

    Nursing Faculty

9. **Frequency.**
    a. Projected semesters to be offered: Fall ☒   Spring ☒   Summer ☐

10. **New Resources Required. YES ☐ NO ☐**
     If YES, list the resources needed and obtain signatures from the appropriate programs/units on the consultation sheet below.

    a. Computer (data processing), audio visual, broadcasting needs, other equipment)

    b. Library needs

    c. Facility/space needs

5/25/2004 cp

11. Will this new course alter any degree, credential, certificate, or minor in your program? YES ☐ NO ☒
   If, YES attach a program modification form for all programs affected.

Barbara Thorpe   11.1.05
Proposer of Course   Date

Approvals

_____
Program Chair   Date

_____
Curriculum Committee Chair   Date

_____
Dean   Date

5/25/2004 cp