# NEW OR MODIFIED COURSE PROPOSAL FORM

[ ]    **Undergraduate Curriculum Council**

[ X]    **Graduate Council**

[ ]New Course,  [ ]Experimental Course (1-time offering),  or  [ X]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.

_Mark Foster __ 03072023

**Department Curriculum Committee Chair**

ENTER DATE…

**COPE Chair (if applicable)**

Mark Foster    03072023
**Department Chair**

Amy Hyman 03/09/2023

**College Curriculum Committee Chair**

ENTER DATE…

**Undergraduate Curriculum Council Chair**

ENTER DATE…

**Director of Assessment (new courses only)**

ENTER DATE…

**Graduate Curriculum Committee Chair**

__Scott E. Gordon_ 3-9-23
**College Dean**

_Len Frey_____ 5/9/23

**Vice Chancellor for Academic Affairs**

ENTER DATE…

**General Education Committee Chair (if applicable)**

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Form Revised: 08/06/2019

**1. Contact Person (Name, Email Address, Phone Number)**
L. Todd Hammon DNP CRNA  LHammon@astate.edu  870-972-2814

**2. Proposed starting term and Bulletin year for new course or modification to take effect**
Spring 2023  Bulletin 2022-2023…

# 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) *(Indicate "N/A" if no modification)* |
|---|---|---|
| **Prefix** | **NURS** | N/A |
| **NUMBER** | **8451** | N/A |
| **Title** (include a short title that's 30 characters or fewer) | **ORIENTATION TO DNP ANESTHESIA CLINICAL PRACTICE** | N/A |
| **Description\*\*** | The course applies theoretical knowledge based on basic sciences, evidence based practice, safety and quality's frameworks with experiential learning in a simulated clinical environment developing critical thinking, problem solving and psychomotor skills appropriate for the novice student. Restricted to DNP Nurse Anesthesia Program. | N/A |

\*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.

**4. Proposed prerequisites and major restrictions        [Modification requested? 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 / No**      Are there any prerequisites?
        a. If yes, which ones?
           Enter text…
        b. Why or why not?
           Enter text…

    b. **Yes / No**      Is this course restricted to a specific major?

a. If yes, which major?     Enter text…

**5. Proposed course frequency          [==Modification requested?== 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.
Enter text…

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**7. Proposed grade type          [==Modification requested?== YES]**
What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])
==~~PASS/FAIL~~ REPLACED WITH LETTER GRADE==

**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. <u>Submit appropriate documentation for requested changes.</u> 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.  NO          Is this course in support of a new program?**
   a. If yes, what program?
         Enter text…

**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.)
Enter text…

**13. No Proposed special features          [==Modification requested?== No]**
(e.g. labs, exhibits, site visitations, etc.)
Enter text…

Form Revised: 08/06/2019

**14. No Department staffing and classroom/lab resources**
Enter text...
    a.   Will this require additional faculty, supplies, etc.?
        Enter text...

**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 (<mark>Course Modifications Only</mark>)**

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

1.) These are high stakes courses and require a lot of time and preparation on the part of the student.

2.) This is a complete hands on learning lab environment to prepare students for application of anesthesia skills in clinical practicum

3.) Prior to the program becoming doctoral, all master's clinical practicums were a standard letter grade. There is no justification to change that standard that the program has held since its inception.

4.) A letter grade is more conducive to better communicate the level at which a student is performing and those who need more education and in skill and critical education A letter grade is a better indicator of who needs the most help and who is progressing at a higher level.

5.) It is easier to measure how a student is mastering program standards

**New Course Justification (<mark>New Courses Only</mark>)**

**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)

Enter text...

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.

Enter text...

c. Student population served.

Enter text...

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

Enter text...

# Assessment

**Assessment Plan Modifications (<mark>Course Modifications Only</mark>)**

**18.** NO        Do the proposed modifications result in a change to the assessment plan?
*If yes, please complete the Assessment section of the proposal*

# 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.**<br><br>**THERE WILL BE NO CHANGES IN THE BULLETIN** |

Paste bulletin pages here...