

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: BSN Program: Modify NURS 452 Clinical Nursing 4

Initiating Unit or Individual: School of Nursing

Contact Person's Name: Julie Coon e-mail: coonj@ferris.edu phone: X-2267

Date or Term of Proposal Implementation: Fall 2009

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
Program Faculty	<i>Arlene M. Mart</i>	10/28/08	11 Support 0 Support with Concerns 0 Not Support
Department Faculty	<i>Julie A. Coon</i>	10/28/08	11 Support 0 Support with Concerns 0 Not Support
Department Head	<i>Julie A. Coon</i>	10/28/08	✓ Support ___ Support with Concerns ___ Not Support
College Curriculum Committee	<i>Barbara Goss</i>	11/25/08	3 Support 0 Support with Concerns 0 Not Support
College Faculty	<i>Ellen Haneline</i>	11/25/08	49 Support 0 Support with Concerns 0 Not Support
Dean	<i>Ellen Haneline</i>	11/25/08	✓ Support ___ Support with Concerns ___ Not Support
University Curriculum Committee	<i>Blumud R</i>	12/11/08	✓ Support 6-0. ___ Support with Concerns ___ Not Support
Senate	<i>Deborah Livingston</i>	12/11/08	✓ Support ___ Support with Concerns ___ Not Support
Academic Affairs	<i>Ronald Fluker</i>	12/12/08	✓ Support ___ Support with Concerns ___ Not Support

* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs		
_____ President (Date Approved)	_____ Board of Trustees (Date Approved)	_____ President's Council (Date Approved)

1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

This is a proposal to modify the course description of NURS 452 to remove the reference to experiential learning in a "preferred clinical setting in preparation for clinical practice under the direction of a clinical preceptor". The rationale for this change is the challenge that has been encountered in trying to make arrangements for clinical placements and preceptors in view of the limited opportunities available to accommodate the number of students who would require this experience in the fall and spring semesters. Discussions with clinical partners indicates that graduates receive a very intensive clinical immersion with an assigned mentor upon hire. The utilization of mentors in this role by the clinical facilities has resulted in a shortage of academically and clinically qualified preceptors to meet the needs of FSU and other area nursing students. The clinical hours previously devoted to the preceptored experience will be reallocated to an extended clinical experience in critical care and medical surgical nursing that is directly supervised by a clinical nursing faculty member and will allow the student a greater immersion in the management of nursing care that is more consistent for all students in this final semester of the program.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:
Prefix Number Title

b. Courses to be Deleted From FSU Catalog:
Prefix Number Title

c. Existing Course(s) to be Modified:
Prefix Number Title

NURS 452 Clinical Nursing 4

d. Addition of existing FSU courses to program
Prefix Number Title

e. Removal of existing FSU courses from program
Prefix Number Title

***Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.**

MODIFY COURSE

FORM F

Course Data Entry Form

Modify Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

1. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
2. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below): Change Course Description for NURS 452

b. Term Effective (6 digit code only): 200908 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. CURRENT: Include information that is in the current course database.

a. Course Prefix NURS b. Number 452 c. Enter Contact Hours per week in boxes.
LECTure LAB 18 INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: Clinical Nursing 4

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: (Limit to 30 characters/spaces.)

e. College Code: f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable Fixed h. Maximum Credit Hours i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x) Yes No

k. Levels: Check (x) Undergraduate Graduate Professional

l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

m. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

This final clinical course provides the student with the opportunity to provide holistic nursing care for clients experiencing emergency and critical care health disruptions. Students will have the opportunity to practice leadership skills in the management of complex patient care situations.

n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCS Chair Signature/Date:

[Signature] 12/11/08

Academic Affairs Approval Signature/Date:

[Signature] 12/11/08

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___